OHIO STUDIES IN PERSONNEL

Role Conception and Vocational Success and Satisfaction

By

Marvin J. Taves
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ROLE CONCEPTION AND VOCATIONAL SUCCESS AND SATISFACTION:

A Study of Student and Professional Nurses

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A Study of Student and Professional Nurses

By

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FOREWORD

The role concept is important not only in behavior science theory but also in the theory of formal organization. Each member acquires a role that defines more or less clearly the part that he may play in the activities of an organization. Roles are conceived as being differentiated in terms of dimensions of behavior that apply to all members of an organization. Members differ, then, on various continua of behavior rather than in terms of discrete categories of behavior. This conception of organizational role has provided a basis, not only for important theoretical advances, but also for research that studies the variance between members on the same dimensions of behavior. The conceptual unity provided by role theory, and the growing correspondence between theory and research, promise the yield of new insight into the workings of complex organizations.

This monograph is one of the Ohio Studies in Personnel published by the Bureau of Business Research as a part of the Bureau's participation in the program of the Personnel Research Board.

VIVA BOOTHE, *Director*
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The Authors

PREFACE

It is fortunate when the interests of diverse groups call for common action. Such is the case for social scientists, hospital administrators, nursing personnel, patients, and taxpayers with reference to the improvement of nursing service. The taxpayer welcomes the reduction in cost of hospital facilities and health care; the patient wants certain, speedier and less painful recovery; hospital administrators seek increased efficiency and satisfaction within their staffs; and the social scientist strives to increase his understanding of the intricacies of work-group behavior. Each of these interested parties should find some of the ideas and facts reported in this study of relevance to his interests, for this investigation represents an attempt to develop and apply sociological theory to the problem of conserving the resources of hospitals and nursing personnel.

The practical problems considered in this report are reflected in national statistics. With almost a half million employed professional nurses, in addition to administrative and other service personnel, hospital care is the nation's fifth largest industry and it is growing. Yet, it has been estimated that in 1958, 11 per cent of all hospital positions were vacant.[1] Futhermore, a study of turnover among nursing personnel reported in 1957 concludes that each year some 170,000 nursing personnel quit their jobs. On the basis of these estimates the author of that study concluded that approximately 42 per cent of nursing personnel quit their jobs annually. Staff nurses were found to be among the most mobile of hospital nurses with an annual turnover rate of 50 per cent.[2] In addition to the problems of retaining active nursing personnel, the problem of training nursing students is acute as well. Over one-third of all nursing students drop out of nursing programs annually.

[1] *Facts About Nursing,* American Nurses Association, New York, 1960.

[2] Levin, Eugene, "Turnover Among Nursing Personnel in General Hospitals," *Hospitals,* (September 1957), p. 50.

This instability of personnel arrangements, the defections from the profession and from professional training programs, must represent an unfathomed amount of disappointment, possibly frustration, and untold costs resulting from repeated professional replacement, orientation, and years of unused training.

There are at least three potential approaches for increasing the efficient use of nursing personnel: (1) reduction of drop-out from the profession, (2) reduction of personnel turn-over within the profession, and (3) more effective organization of work groups. This report summarizes an investigation of the variations in job success and satisfaction of hospital work groups and nursing students as associated with their role conceptions and their images of nursing. Each of these variables probably directly or indirectly touches upon and underlies each of the three major approaches to increasing the supply and more efficient use of nursing personnel.

The problem of success and satisfaction is reviewed in Chapter 1, where a formal statement of this problem is developed. Particular attention is given to the influence of occupation and personnel identity. The present study is especially concerned with the impact that self-image, image of the profession, and role consensus have on occupational perseverance—success and satisfaction.

After a summary presentation in Chapter 1 of theory and previous research on occupation, self-conception, and role enactment, the research design for this study, together with a description of the several instruments developed or adapted for the research, and the size and nature of the sample of nurses studied, are presented in Chapter II. Tests of the hypotheses formulated in the course of the study are analyzed in Chapters III and IV; Chapter III reports on the results from data pertaining to the student nurse sample, and Chapter IV, on the data from the sample of hospital personnel. The report concludes with a summary of findings and tentative conclusions in Chapter V.

The Authors

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CHAPTER I

OCCUPATION, SELF-CONCEPTION, AND ROLE ENACTMENT: A THEORETICAL STATEMENT

"... A man's work is one of the more important parts of his identity of his self, indeed of his fate, and the one life he has to live, for there is something almost as irrevocable about choice of occupation as there is about choice of mate."

*—Everett C. Hughes**

There is an important relationship between one's occupation, his occupational self-conception and his total identity. The purpose of this research is to explore that relationship and its impact on performance. The specific problem is to determine the influence which the vocational image and consensus with superiors has on satisfaction and success in the occupation. Some of the assumptions about the relationship between self-conception and role performance on which the hypotheses depend are elaborated in this chapter.

Occupations are structured. For the most part, relationships between persons within an occupation and between persons of different occupations are prescribed by norms and values which pattern the style of life shared by members of the occupation. It is through knowledge of these norms and values that persons in the occupation learn what is expected of them; this is their "role conception." People more or less *identify* themselves with these roles; people develop different identities. They also come to expect others with whom they associate to agree with their conceptions and to behave in consistent ways with respect to these norms; this is referred to as "role consensus." From these expectations people often generalize about their position in the occupation and in society as well, and this generalization constitutes their "vocational" image.

Certain expectations come to be defended and valued. They are valued to the extent that fulfillment of them is essential for successful performance. They are defended partly because stable expectations about others permit clarity and consistency of expectations

* Hughes, Everett C., "Work and the Self," *Social Psychology at the Crossroads,* Roher, J. H., and Sherif, M., eds., (New York: Harper and Bros., 1951), p. 314.

about oneself, the fulfillment of personal ambitions and of obligations, and the preservation of rights.

The conception which a person has of his occupational role is one factor in the total "self-image." Of course, vocational self-concept is *only* one factor. Other elements might include that of husband, musician, political office holder, citizen, and many others. From this self-image is derived a sense of self-evaluation, that is, a ranking somewhere between top and bottom, between the most favorable and least favorable points on a value hierarchy. The self-evaluation includes both the prestige accorded to the position and the esteem derived from skillful performance of the roles. It is apparent, however, that this self-ranking also involves a segmentalization. Thus, one may rank himself relatively higher with reference to his vocational position than in his position in religious, social, or recreational spheres. The relative importance of the occupational self-conception depends upon the inter-relationships with these other self-conceptions. At times the occupational self-conception may be inconsistent with other self-conceptions. At other times there is a discrepancy between occupational self-*esteem* and actual status in the occupation. When the self-conception is not endorsed by the objective status held, the experience is probably dissatisfying. It is reasonable to expect that this dissatisfaction could lead to a desire to change jobs.

An overview of the thesis that guided the major formulations of the study reported in Chapters III and IV and some examples of supporting evidence are discussed below.

THE DYNAMICS OF SELF-CONCEPTION AND ROLE PERFORMANCE

The following analysis is based on the interrelation of three major concepts—self-image, image of the occupation, and role conception—in relation to job success with satisfaction.

Self-Image and Ambition to Achieve

A person's expectations about the station that he should achieve or maintain in life are derived from the conceptions that he has of himself. These self-conceptions provide personal directions which lead to expectations that may be expressed in the form of *goals*—eventually, in specific career goals. Often the goal is not different

from the current situation, being inseparable from the present except for mundane differences that temporarily appear and disappear throughout the career. But sometimes the goal is noticeably different from the present circumstance, in which case the person is said to "aspire" to something different, if not better.

When a person has a self-conception which includes aspirations for upward occupational mobility, these goals may be referred to as "ambitions." For example, if a woman thinks of herself as a tender, loving, kind person, who is in some sense superior to others, she may come to desire a status in life for which she receives endorsement for this self-conception, and respect for these qualities. Consequently, she develops ambition to be a missionary, social worker, teacher, or nurse, depending on the image which she has of these occupations. If the self-image is clear and endorsed by others, she is more likely to persist in her ambitions. Ambition is a product of self-image.

Group opinion, i.e., role consensus, effects self-conception and, consequently, ambition. This is illustrated in Whyte's description of the bowling alley experiences of the street corner gang which he observed.[1] It was apparent that the confidence of a bowler depended on the confidence that his peers had that he could win. When the boy with the best bowling record would oppose boys who socially outranked him in the group, the other members announced their doubts of his ability to beat his superiors and he was, in fact, consistently beaten by them. His self-confidence, and presumably his ambition to achieve, was modified by the opinion of his peers. This illustrates the social nature of self-conception, and the interdependence between self-conception and ambition to achieve.

The influence of group membership on self-conception was investigated by Rassmussen and Zander.[2] The thesis of the study was that if a person conforms to the standards of his group, he will *feel* successful. Sixteen items concerning performance levels in groups were presented to groups of professionals who were asked to indicate (a) their own ideal level of performance, (b) their real level of performance, and (c) what they think other members of the group

[1] Whyte, W. F., *Street Corner Society* (Chicago: University of Chicago Press, 1943).

[2] Rasmussen, G. and Zander, A., "Group Membership and Self-Evaluation," *Human Relations*, 7, 1954, pp. 239-252.

believe. Failure scores were computed by subtracting (b) from (a), and deviation scores were obtained by subtracting (b) from (c). Respondents also rated themselves as professionals on a five-point scale. It was found that high failure scores were related to low professional evaluation and high deviation scores; the more attractive the group, the lower the deviation scores; the more important the issues to the respondent, the higher the correspondence of (a) and (c). The significance is that self-conception was found to be related to felt success. Conversely, it may also be related to ambition to succeed.

Image of the Occupation and Job Satisfaction

In order to interact, and in order to know what to expect, actors must classify one another. Such classifications are based on many criteria, among them a person's office within a particular organization, his family, and his economic status.

People identify themselves, and are identified, in terms of their vocations. One of the first questions which passes through the minds of strangers upon first meeting is, "What does he do for a living?" From the occupation much can be inferred about another person's style of living. The simple knowledge that one person is a practicing physician and another a building caretaker provides a reasonable basis for estimating their relative incomes, education, prestige, cultural interests, and levels of living. In turn, the topics of conversation raised, the patterns of interaction, and the deference accorded to each will vary systematically. Without knowledge of statuses so basic as occupations, interaction often would not be possible in a complex, mass industrial society. It is not surprising, then, that citizens form images of occupations relatively early, and maintain some kind of image of them throughout life.

In one sense, occupational images play a more important part within the culture of males than of females, since males are *expected* to have occupational careers, and since much of their prestige and power is derived from the occupation. In another sense, however, the occupational image may be of as great importance to women since they are faced with an even greater decision than men—whether or not to work outside the home. The images which females hold of occupations open to them have an important influence on their ambitions to marry, whom to marry, satisfaction with marriage,

and, in general, on the relative attractions of home and career. That the nursing vocation is an important part of the identity of some nurses is reflected in a study of self identification by Kuhn. He found that three-fourths of senior nursing students think of themselves as nurses when asked, "Who am I?" On the other hand, their vocation was less salient for them than it was for law students.[3]

It is expected that the image of the occupation influences *satisfaction* with the job. If an image of the occupation is favorable, i.e., if it is viewed as one which permits the fulfillment of one's ambitions, then membership in it will be personally rewarding. This is, when an occupation is imagined as permitting fulfillment of ambitions, the discrepancy between self-conception and objective occupational status is reduced or eliminated, while job satisfaction and favorableness of the image of the occupation are increased.[4] The point of primary concern is that one's image of the occupation, reflected in self-conception, may influence satisfaction with the particular job situation.

In a study of five professions, Rettig and his associates found that persons who believe that their profession is either higher or lower than other professions tend to have equal job satisfaction. They also found that nurses in state institutions were among the professions which consistently believed that their status was higher than other professions, while this was not true for nurses working in general hospitals. They also found that persons who believed their status was higher than other professions had lower self-perceived status in reference to the general public.[5]

A relationship between changes in the nursing image and satisfaction with nursing is reported by Meyer[6] who investigated the association between attitudes which student nurses have toward patient contact and the images which these students have of medical,

[3] Kuhn, Manfred H., "Self Attitudes by Age, Sex, and Professional Training," *The Sociological Quarterly,* I:1 (January 1960), pp. 39-55.

[4] Corwin, Ronald G., Haas, J. Eugene, and Taves, M. J., "Social Requirements for Occupational Success: Internalized Norms and Friendships," *Social Forces,* 39:2 (December 1960).

[5] Rettig, Solomon, Jacobsen, F. N., and Pasamanick, B., "Status Over-Estimation, Objective Status, and Job Satisfaction Among Professionals," *American Sociological Review,* XXIII (October 1958), pp. 75-81.

[6] Meyer, Genevieve R., "The Attitude of Student Nurses Toward Patient Contact and Their Image of and Preference for Four Nursing Specialties," *Nursing Research,* Vol. 7 (October 1958).

psychiatric, public health and surgical nursing. It was found that students trained in hospitals acquired images of nursing which were different from those of students trained in colleges. While hospital seniors learned to emphasize the skilled, technical functions of the nurse, the collegiate seniors learned to de-emphasize these functions. It was concluded that diminished satisfaction with nursing was one consequence of the hospital seniors' shift away from the image which emphasizes the patient toward a more technical image of nursing, while collegiate seniors maintained the most positive, unalienated orientation toward nursing. The image which nurses have of their profession does apparently influence their satisfaction with it.

Another method of studying the occupational images of nursing was used by Benne and Bennis,[7], who inferred the nurse's self-conception and her image of the occupation from a 17-item scale. In addition to what nurses believed they should do in specific situations, they were also asked to indicate how they actually behaved. The authors found that the more divergence between ideal and actual behavior, the less satisfaction with nursing. They conclude that if the ideal image is not a realistic one, perhaps it should not be retained as a myth. The vocational image in relation to the realities of the situation has consequences on the level of satisfaction.

In a work-satisfaction survey of nurses, Mayro and Lasky[8] found that the major satisfactions of nurses were cooperative relations with other nurses, new equipment, a professional role which allowed them to serve others, and adequate fringe benefits such as sick leave, etc. The problems of nursing, they found, stemmed from a shortage of nursing personnel, and policies such as "floating," or shifting personnel to various job locations, which deprives them of a stable work group with which to identify. Among the reasons given for low satisfaction was a poorly defined work situation, one-half of the nurses being confused about their professional identity. They concluded that there seems to be a discrepancy between the hospital's expectations of the nurse and her own view of the functions she should perform.

[7] Benne, Kenneth and Bennis, W., "The Role of the Professional Nurse," *American Journal of Nursing,* 59:2 (February 1959), pp. 196-98.

[8] Mayro, Joanne and Lasky, J. J., "A Work Satisfaction Survey Among Nurses," *American Journal of Nursing,* LIX:4 (April 1959), pp. 501-3.

In a work-satisfaction survey of 600 general-duty nurses in 37 hospitals in Minnesota[9], it was found that among general-duty and head nurses, one-fourth were dissatisfied with salary; next came opportunity for advancement, which failed to satisfy 22 per cent; the distribution of duties among R.N.s, practical nurses, and nurses' aides was unsatisfactory to 17 per cent. Similar dissatisfactions were expressed by practical nurses and nurses' aides. Although the distribution of work displeased less than one-fifth of the nurses, most professional nurses complain that they are obliged to devote too much time to record-keeping. For example, almost one-half of the general-duty nurses complain that one-quarter of their time is too much to spend at desk work; in one hospital, it amounted to 30 per cent of the working day. Much dissatisfaction seems to be due to the inconsistencies between ideal professional and humanitarian self-conceptions on the one hand, and on the other, the realities of an administrative work load which insulates them from patients, coupled with a low level of rewards for their efforts.

Reissman and Rohrer[10] approached the subject in a unique way. On the basis of the reasons nurses gave for entering the profession in the first place as compared to the reasons why they intend to stay in it, four types of nurses were identified: the dedicated, the converted, the disenchanted, and the migrant. The happiest appears to be the converted who came into nursing on negative grounds but found a love for it. Also relatively happy is the dedicated nurse who entered nursing for positive reasons and expects to stay in it.

Hughes *et al*[11] conclude their review of the literature on levels of satisfaction expressed by nurses as follows: "Although the nurses are able to give detailed accounts of what they dislike in their profession, the impression grows that salary, hours, hospital conditions and other physical features of their work are not the things that matter most. At present, theirs is a seller's market . . . Indeed, nurses are in an advantageous position to secure improvements in working conditions, if they want them, but one suspects that they are like soldiers and school boys who universally complain about the food

[9] Cited by Hughes, Everett C., *et al, Twenty Thousand Nurses Tell Their Story,* (Philadelphia: J. B. Lippincott Co., 1958).

[10] Reissman, Leonard and Rohrer, J. H., *Change and Dilemma in the Nursing Profession,* (New York: G. P. Putnam and Sons, 1957).

[11] Ibid, P. 224.

and all the while really mean that they don't like 'the brass' and the teachers. It may be that status, recognition, and assignments fitting, in their estimation, to their station, are the hidden, unnamed reality. In short, their roles are the raw points." This statement succinctly exposes a basic assumption of the present study.

Image of the Occupation and Success

Perhaps the image of the occupation is also associated with one's success in the occupation. On the one hand, an occupation is judged favorably if it permits the fulfillment of ambition; success in the occupation probably creates a relatively favorable impression of the occupation; and on the other hand, ambition is likely to be greater for those who have a favorable image of the occupation than for those whose image is less favorable. For, when an occupation is evaluated favorably, the discrepancy between self-conception and status is more important and there is likely to be more effort to reduce the discrepancy. The successful persons, then, are those whose image of the occupation was originally favorable enough to produce the effort required to succeed. If self-esteem varies randomly, success will be achieved by those who regard the occupation favorably enough to think achievement is important to the self-conception.

If, for example, a girl has an ambition to serve others, and if she imagines that the nursing profession will permit the fulfillment of this ambition, she is more likely to strive for, and to achieve, success in nursing than if she evaluates the nursing profession less favorably—"success" would *endorse* her self-conception. On the other hand, if the girl believes that she cannot be of best service to others in the nursing profession, then "success" will be irrelevant to that self-conception; it would not symbolize the fulfillment of self-conception and she would be less likely to aspire to be, or become a highly successful nurse. It is irrelevant whether her superiors are actually evaluating her on the basis of her services to humanity or not; what is relevant is that she finds the rewards consistent with her ambitions and her self-conceptions.

Self-Conception, Consensus and Satisfaction

Role conception refers to expectations about relationships among members of an organized group—of members of a work group, in

particular. Before roles can be enacted, actors must classify one another. The way in which persons are classified depends, in part, on their official positions. If relatively low prestige is attached to the position, the person is more likely to consider himself a "person of low status" than if high prestige is attached to it. Thus, people depend on the opinion of others to endorse or deny their conceptions of social reality, and come to think of themselves as others think of their official positions. Of course, the mere act of identifying the individual with a work group does not necessarily indicate how the opinions of that group will affect his self-conception. Nevertheless, in general, it is assumed that in a free society, membership can usually be presumed to indicate some voluntary identification with the group, and that the work group will affect self-conception.

Perhaps a consideration that is as important as the prestige associated with the office is the clarity with which the roles of that office are defined by other persons. Interaction within a work group necessarily requires some degree of consensus on expectations about the definition of how each is to act, but the extent to which role conceptions mesh probably influences self-conception. The position of nurse, for example, may be variously imagined as a public servant, a decision-maker, or a hospital employee. Each of these images of the occupation is associated with different role conceptions of those who hold them, which might include such expectations as administering "tender, loving care," membership on policy-making organizations, giving hypos, and emptying bedpans. When these role conceptions are not held unanimously, any one self-conception associated with them is less likely to be clearly endorsed by others. That is to say, if social reality, including the social self, is ultimately validated by the opinions of other persons, then the *certainty* with which self-conceptions are held depends on the degree of *consensus* on the roles. If the role conceptions are held unanimously, and therefore there is high consensus on the role, the self-conception associated with the position is likely to be more clear than if widely divergent role conceptions are associated with the position. To take another example, some nurses or supervisors believe that the role of nurse is subordinate to the authority of physicians, while others believe the nurse is relatively independent of them. Consequently, the individual

nurse is less likely to "know who she is" than if there were unanimous agreement about her subordination to physicians.

There are two important conditions under which the above formulation must be modified: (1) where the opinions of the immediate work group are not relevant to the occupational self-conceptions, it being derived from other sources (the self-conception of many professionals is based primarily on what colleagues in other parts of the country think of them rather than on the opinions of their work group); (2) where the occupational self-conception itself is not relevant to the total self-image (in the case of nurses, who not only spend 40 hours per week on the job but have undergone three or four years of preparation for the occupation as well, it is perhaps safe to assume that the occupational self-conception is of relatively high importance in most cases).

The relation between self-conception and role conception is, of course, reciprocal. Where there is low consensus on specifications of a role, it is quite likely that one's selective acceptance of diverse expectations will, in turn, be influenced by his self-conception. The intent of the above formulation, however, is to introduce the problem of role consensus and its influence on self-conception in the role enactment. Consensus is expected to influence *satisfaction* in the following ways. Disagreement on expectations increases ambiguity of the role conception and also self-conception, making classification of either the self or of others difficult. Failure to place the self and others clearly not only frustrates the person's original goals, denying the self-conception, but it also interferes with efficient interaction. Futhermore, ambiguity of self-conception prevents him from clearly assessing the success he has made in achieving his ambitions; if he does not know who he is, or what is expected of him, he cannot know how successful he is in terms of his original goals. For these reasons, disagreement on work-group norms is expected to produce low satisfaction with a given job.

There is some indirect evidence that an ambiguous self-conception is unsatisfying. In a study of leadership in the Air Force, Davis[12] and his associates scaled role conceptions of the leader's role in terms of interest in men, way of giving orders, and adherence to Air Force

[12] Davis, J. F., "Conceptions of Official Leader Roles in the Air Force," *Social Forces*, XXXII (March 1954), pp. 253-58.

regulations, as well as consistency in disciplinary matters. A certain degree of incongruence in the interpretation by officers and men of the officer role was found. However, it was concluded, that, "Following role expectation theory, it seems possible that conceptions of official leader roles influence leader-follower interaction and adjustment. The major hypothesis of this study is that agreement between an official leader and his followers is associated with morale and other indices of follower adjustment. Only limited success was achieved in predicting follower adjustment from role congruence hypotheses." While morale and follower "adjustment" are not equivalent to satisfaction, they appear to be closely related concepts; to that extent, Davis' research suggests that under some conditions the relationship between consensus and satisfaction may be independent.

On the other hand, Robert Hall[13] reports evidence which tends to support the hypothesis that the desire of individual aircraft crew members to continue with a crew (which is also relevant to satisfaction with the situation) is associated with greater agreement among crew members on role prescriptions for the aircraft commander. This suggests that, to the extent that satisfaction may be inferred from cohesiveness, it is associated with role consensus.

To summarize, from the standpoint of the *organization,* differences of self-conception produce variations in role enactment. However, from the standpoint of the individual, differences in expectations among work-group members on the basis of different or inconsistent standards of evaluation produce different self-conceptions and ambiguous self-images. To the extent that consistent endorsement of a self-conception by the work group is required for the maintenance of a particular self-conception, low consensus, or disagreement on work norms, will produce inconsistent and ambiguous self-conceptions; these in turn are a source of dissatisfaction. This formulation assumes that a clear self-conception is culturally preferable to an ambiguous one in a society where rights and obligations

[13] Hall, "Social Influences on the Aircraft Commander's Role," *American Sociological Review,* XX (June 1955), pp. 294-99; see also Gross, Neal, Mason, W. S., and McEachern, A., *Explorations in Role Analysis,* (New York: John Wiley & Sons, Inc., 1958); it was found that job satisfaction of school board members related to consensus with incumbents of the same position, but there was no corresponding relation with respect to consensus between superintendents and school board members (p. 215).

depend, in part, on self-image. The formulation does not imply that slight dissents necessarily cause serious disruption of an established self-conception, but it does imply that slight work-group dissent may be threatening to the occupational conception.

Consensus and Success

Whether consensus influences success depends in part on whether subordinates must necessarily have consensus with superiors in order to receive high success ratings from them. Popular notions about the "apple polisher" and the "boss's pet," as well as the adage "It is not what you are but who you know that counts," provide reasons to believe that consensus is a basis of evaluation. One's expressed agreement with superiors may be reflected in his success rating. It is also true, however, that in a contractual society, persons can often operate together despite personal disagreements. Furthermore, there is no necessary reason why subordinates must internalize the role conceptions of superiors in order to conform to superiors' expectations; in other words, role consensus may not be necessary for conformity to official standards for judging nurses. Girard[14] asserts that one of the factors which affects an individual's motivation to perform on a group task, as well as his feelings of accomplishment and satisfaction, is the clarity of the structure within which the individual functions. Girard notes that Raven and Rietsema[15], in reporting their experiment, felt that a clear understanding of the group goal tended to produce more group-oriented behavior feelings, as well as less hostility. Girard himself concludes, that if the individual's role is clear, he is less likely to become concerned with his own performance. This effect was much more pronounced for high-status than for low-status individuals. It tends to suggest a relationship between role consensus and motivation to achieve personal success.

Getzels and Guba[16] believe that there is a relationship between

[14] Girard, Harold B., "Some Effects of Status, Role Clarity and Group Goal Clarity Upon the Individual's Relations to Group Process," *Journal of Personality,* 25 (1957), pp. 475-88.

[15] Raven, B. R. and Rietsema, J., "The Effects of Differential Clarity of the Group Path and the Group Goal Upon the Individual and His Relationship to the Group," *Human Relations,* 10, 1957, pp. 29-48.

[16] Getzels, J. W. and Guba, E. G., "Role, Role Conflict and Effectiveness: An Empirical Study," *American Sociological Review,* XIX:2 (April 1954), pp. 164-75.

role, role conflict, and consensus, and the effectiveness of performance. Situations may be so ordered that a performer is required to fill simultaneously two or more roles that present inconsistent, contradictory, or even mutually exclusive expectations. When the performer cannot realistically conform to such expectations, he is forced to choose one of several alternatives: he may abandon one role and cling to the other, he may attempt to compromise between the roles, or he may withdraw either psychologically or physically from the roles altogether. In any event, over the long-term period he cannot fully meet the expectations of all roles; and to the extent that he fails to meet the expectations, he is judged ineffective in the management of one or the other of the roles by the defining group. This statement of the problem summarizes the expected influence that role consensus may have on performance. While these authors state the conflict in terms of inconsistent roles, there may also be inconsistent expectations about any one role.

Getzels and Guba investigated three hypotheses: (1) With respect to situational differences—*the extent of role conflict as seen by the actors is a function of the number or magnitude of incompatible expectations placed upon or held by the actors;* (2) With respect to individual differences—*the greater the intensity of the actor's involvement in role conflict, the greater his relative ineffectiveness in at least one of the roles;* (3) With respect to the intensity of involvement—*the intensity of an actor's involvement in a role conflict is systematically related to certain personal and attitudinal characteristics.* The procedures used in their study may be summarized as follows. First, identification of the complaints, frustrations, and dissatisfaction of instructors was determined from two-hour intensive interviews of 14 officer-instructors representing all teaching units and all military ranks from lieutenant to colonel. In addition, less lengthy interviews were conducted with a number of the administrative personnel of the military school studied. The assumption was that some of the dissatisfactions might have their sources in role conflict. Second, the major role conflicts identified in their study were taken from texts of the interviews and classified according to the content of the dissatisfaction. A major role conflict was found between the officer role and the teacher role performed by

military persons in a military school. In general, the empirical findings supported the theoretical expectations.

Other Approaches to the Study of Job Satisfaction and Success

There have been other approaches specifically related to the study of job satisfaction which are only indirectly relevant to this study, but which provide a context for the general problem of job satisfaction.

In 1939, Super[17] surveyed a number of occupations and found that 60 per cent of the people in all occupations are satisfied. However, he found a significant relationship between occupational level and job satisfaction, as well as between aspiration and satisfaction. Among the reasons listed for dissatisfaction were the nature of the work, economic reasons, and managerial policies. Speroff[18] investigated job satisfaction and sociometric status of employees but found no significant relationship, although Van Zelst[19] had earlier found such a relationship.

Most of the research investigating occupational success has been on surveys, or on an attempt to predict success from psychological attributes. Examples of the latter type of research may be found in the work of Sartain, Ford, and Healy and Borg[20] who relate the performance of student nurses to aptitude tests and personality tests. For example, Healy and Borg found in a comparison of graduate general-duty nurses with college girls and student nurses that graduate nurses were more emotionally stable, more self-conscious, less nervous, and their scores were more favorable on objectivity, agreeableness, and cooperativeness than were those of the student nurses, but that they scored significantly less favorably on social extroversion, depression, social ascendance, and cooperativeness than did other college girls.

[17] Super, Donald E., "Occupational Level and Job Satisfaction," *Journal of Applied Psychology,* (October 1939), pp. 547-62.

[18] Speroff, B. J., "Job Satisfaction and Interpersonal Desirability Values," *Sociometry,* XIII (February 1955), pp. 69-72.

[19] Van Zelst, R. H., "Worker Popularity and Job Satisfaction," *Personnel Psychology,* 4 (Winter 1951), pp. 405-12.

[20] Sartain, A. Q., "Predicting Success in a School of Nursing," *Journal of Applied Psychology,* XXX:3 (June 1946), pp. 234-40. See also:

Ford, A. H., "Prediction of Academic Success in Three Schools of Nursing," *Journal of Applied Psychology,* XXXIV:3 (June 1950), pp. 186-89; and

Healy, I. and Borg, W. R., "Personality Characteristics of Nursing School Students and Graduate Nurses," *Journal of Applied Psychology,* XXXV:4 (August 1951), pp. 275-80.

Another approach to the study of success in nursing is presented in the research of Lentz and Michaels[21] who use nurses' ratings of the success of their peers as a criterion of success. When these ratings were related to the type of floor on which nurses worked most of the time, it was found that 89 per cent of medical type nurses who work on surgical floors are given credit for excellency of nurse-patient relations compared to 39 per cent of surgical type nurses. They conclude that evidently the medical type nurse gets credit on a surgical floor for having good interpersonal relationships but she does not seem to have an appropriate knowledge of technical care. The significance of this research is that it tends to relate achievement ratings to the type of social structure in which the nurse is involved, as well as to her personality characteristics. This is more in accordance with the intents of the current research, which aims to investigate success as a sociological rather than a psychological product.

SUMMARY

In contemporary American society, the occupation seems to be a fundamental element in the identity of many people, particularly of professionally oriented persons, which, at least to some extent, includes nurses.

Image of the occupation and work role conceptions are two characteristics of an occupation that are suspected to have special significance for the person's self-conception. Assuming that goals of an actor are known to him, his success and satisfaction will be influenced by two factors: (1) the degree of perceived correspondence between his goals and the norms and values of his chosen occupation; and (2) the consistency with which self-conceptions are endorsed by the work group. In the first instance, the degree of perceived correspondence between his goals and the norms and values of his chosen occupation is dependent on the image of the occupation, as well as his goals. A favorable image of nursing is expected to provide self-esteem and consequent satisfaction with the job, although the association cannot be expected to be perfect since a job may be defined as uniquely bad in a generally good occupa-

[21] Lentz, E. M. and Michaels, R., "Comparison of Good and Average Nurses Who Work on Medical and Surgical Floors," *Nursing Research*, VIII (Fall 1959).

tion. Also, a favorable image of nursing is expected to provide incentive to success in the occupation, and conversely, success may provide a somewhat favorable image of the occupation. In the second instance, the consistency with which self-conceptions are endorsed by the work group is expected to influence the degrees of success in enacting roles. Dissent over role conception is also supposed to provide an uncomfortable and ambiguous self-conception, leading to job dissatisfaction.

In conclusion, clarity of self-conception, self-esteem, and career goals are considered to be intervening variables which relate (a) work-group consensus and occupational image on the one hand, with (b) satisfactory and successful role enactment on the other. The methodology for investigating some of these propositions is described in the following chapter, together with a description of the sample of student nurses and graduate staff nurses studied, and of the several instruments developed for use in the study.

CHAPTER II

THE RESEARCH DESIGN: INSTRUMENTS AND SAMPLE

The present study was designed to test a selection of the general theoretical propositions discussed in the preceeding chapter on a small sample of student nurses and employed graduate staff nurses. It was thought that a comparison between persons whose identity is in the process of formation, and those whose identity is, presumably, more crystallized by experience would provide a more fruitful exploration of the hypotheses than would one large homogeneous sample.

The study was specifically designed to determine whether the theoretical constructs, derived from role theory and self theory, could help explain the variable levels of success and satisfaction in nursing. Role conception, role consensus, and favorableness of the image of nursing are the concepts which provide the theoretical underpinnings of the study; they are briefly outlined below. In order to investigate these variables in the specific context of nursing, it was necessary to design instruments specifically for that purpose; the instruments used are briefly described below. The methodology used in constructing them is described in greater detail elsewhere.[1]

THE THEORETICAL CONCEPTS

Presumably both occupational success and job satisfaction are affected by the specific working situation, or the occupational context in which personnel perform their daily routine. Even casual observation shows that nurses do not always agree on either their appropriate job routines or their rightful place in society. These apparent differences in ideas about what each person in the organization ought to be doing create confusions in the definition of the legitimate rights and duties of nurses and other nursing personnel in their

[1] Haas, J. Eugene, *Role Conceptions and Disharmony in Hospital Work Groups,* (Unpublished Ph.D. dissertation, University of Minnesota, 1957). Haas, J. Eugene, Taves, Marvin, and Shaw, David, "Primary Group Influence on Vocational Choice," *The Sociological Quarterly,* II:2 (April 1961), pp. 87-96.

relationships to each other. Such differences of opinion may be viewed from at least two viewpoints: the position of the nurse in the organization, and the position of the nurse in society. Regarding the first, since personnel may have different expectations about their specific jobs in the organization where they work, *consensus* on work roles among work-group personnel is examined in relation to success and satisfaction. Regarding the second, since personnel may have different ideas about the relation of nursing to other occupations in the society, the *image of nursing* is examined in relation to success and satisfaction.

One of the several possible theoretical approaches by which variations in success and satisfaction among various group members may be examined is Symbolic Interaction. At the foundation of this theoretical approach is the assumption that role conception, and in some cases, occupational image, are related to a person's total image of himself. This approach has been reviewed in the foregoing chapter and in another volume of this series.[2] The dynamics of self-conception in social interaction seems to be a fruitful way to view the problem of success and satisfaction.

The general working hypotheses to be tested are: (1) that role consensus of student and staff nurses with superiors is positively associated with their job satisfaction and their success ratings received from superiors, and (2) that favorableness of the image of nursing on the part of the general-duty and student nurses is positively associated with their levels of rated success and expressed job satisfaction.

THE INSTRUMENTS

Image of Nursing Scale

The respondent's *image* of the nursing profession is measured by the Image of Nursing Scale (INS), which consists of 21 statements designed to elicit the extent to which nursing is seen as a desirable and rewarding occupation (Appendix I). The 21 statements were selected from the 36-item Image of Nursing questionnaire because they had been found in an earlier study to discriminate

[2] A more detailed review of the conceptual and methodological approach will be found in a forthcoming monograph of this series: Haas, J. Eugene, *Role Conception and Group Consensus: A Study of Disharmony in Hospital Work Groups* (Columbus, Ohio: Bureau of Business Research, The Ohio State University, forthcoming).

between high school senior girls who planned to enter nursing and those who did not so plan. It is a Likert-type scale composed of both positive and negative statements about nursing which call primarily for opinion or value judgment. It includes both "objective" and "subjective" type items. The objective items pertain to financial rewards of nursing, costs and time required for training, pleasantness of the work situation and responsibility on the job, and opportunities for social contacts with other persons. Subjective items include statements about prestige of nurses, education, intelligence and skill required of nurses, opportunities which the nursing profession provides to serve humanity and put religious beliefs into practice, and practical utility of nursing as preparation for marriage and family living.

Respondents were asked to indicate the degree to which they agreed with each statement on a continuum: "strongly agree," "agree," "undecided," "disagree" and "strongly disagree." The responses were weighted from four (4) to zero (0) so that the high scores consistently indicate a favorable attitude toward nursing. The total Image of Nursing Scale score (theoretically ranging from 84 to 0) is derived from the sum of all item scores. The development, validity, and reliability of the scale are discussed at length elsewhere by Haas.[3]

Deutscher used a similar instrument to estimate the public image of nursing, using a random sample of nearly a thousand persons in the Kansas City area. This instrument, called the Occupational Evaluation Index (OEI), was devised to investigate the respondent's notion of how nursing compares with other women's occupations, and of the nurses' social standing.[4]

Comparing Vocations Inventory

The favorableness of the image of nursing is also indicated by a Comparing Vocations Inventory (CVI).[5] On this instrument, re-

[3] *Ibid.*

[4] Deutscher, Erwin, *Public Images of the Nurse* (Kansas City, Missouri: Community Studies Incorporated, 1955). Note: Among other findings, Deutscher discovered that women, on the average, have a more favorable image of the nurse than do men, and that the image becomes more favorable as one moves down in the socio-economic scale.

[5] Bullock, Robert P., *What Do Nurses Think of Their Profession?: Occupational Role and Function as Related to Job Satisfaction Among Registered Nurses,* (Columbus: The Ohio State University Research Foundation, 1954).

spondents were asked to indicate whether they thought nursing, teaching, or secretarial work was best in the sense of offering certain rewards (Appendix II). The 25 statements to which they were asked to respond include such values as financial rewards, variety and initiative in the work situation, low costs and restrictions in educational preparation, prestige and respect in the vocation, education, intelligence and skill required as members of the occupation, opportunities for contact with other persons, service to humanity and opportunity to put religious beliefs into practice, authority and responsibility permitted on the job, and its practical utility for marriage and family life.

Hospital Station Role—Conception Inventory

The *conception* which hospital personnel have of their roles in the work situation is measured by the Hospital Station Role-Conception Inventory (HSRCI), an instrument consisting of 226 statements designed to cover all phases of each nursing role (Appendix III). The theoretical basis for this instrument was developed by Haas,[6] who conceived positions as a series of related dyadic role relationships. Also relevant to this conceptualization is Merton's contention that for every status there is not just one role, but an array of roles, or a role-set. Each role involves relationships to other statuses. Others have employed role-conception inventories. Motz, for example, constructed a role-conception inventory utilizing the methodology of Kirkpatrick's Belief Pattern Scale developed in the study of attitudes about feminism. Motz claimed that the use of an inventory rather than a scale enables a researcher to get at a contradictory or confusing concept which can hardly be ascertained when scaleability is the aim.[7]

Items in the Hospital Station Role-Conception Inventory were developed from observation of hospital work groups. Several items were included for each of the dyadic role relationships that nurses have with each of the following: doctors, staff nurses, head nurses, licensed practical nurses, aides, orderlies, and student nurses. Respondents were requested to indicate the extent to which they

[6] Haas, J. Eugene, "Role, Position and Social Organization: A Conceptual Formulation," *Midwest Sociologist,* 19:1 (December 1956), pp. 33-37.

[7] Motz, A. B., "Role Conception Inventory: A Tool for Research in Social Psychology," *American Sociological Review,* XVII (1952), pp. 465-71.

agree or disagree with each statement, circling one of the five alternatives, arbitrarily weighted from (5) (strongly agree) to one (1) (strongly disagree).

For administering the inventory questionnaire, the 226 items were randomly mixed and divided into three sections labeled 1, 2, and 3. These sections were then arranged systematically so that in one-third of the questionnaires the sections appeared in the order of 1, 2, 3; in one-third, as 3, 1, 2; and in one-third, as 2, 3, 1. This was done so that respondent fatigue would be equalized among the sections. (Where an item did not appear in all 3 hospital questionnaires, a letter designation preceeding the item indicates the hospital inventory in which it did appear; for example, "A" items appeared only in the inventory for hospital "A," and so on).

Student Nurse Role—Conception Inventory

The conception which the student has of her role in relationship to other nursing personnel is measured by the Student Nurse Role-Conception Inventory (SNRCI). It contains 83 statements designed to cover significant phases of dyadic working relationships which student nurses were observed to have with each of the following hospital nursing personnel: general staff nurse, teachers, head nurses, other student nurses, and clinical instructors (Appendix IV). The statements are based on observation of classes and wards, and on interviews with students, head nurses, teachers, and administrators. The method of weighting responses is similar to that used for the Hospital Station Role-Conception Inventory.

Measuring Consensus with the Role-Conception Inventories—Consensus of personnel with each other is determined by comparing responses of personnel on the Hospital Station Role-Conception Inventory.[8] Since each respondent was instructed to respond to every statement, some of the items did not pertain to the respondent's own role. For example, the head nurse might have answered items dealing with such roles as student nurse or teacher. Consensus was computed only on those items for which the respondent was actually a role performer, on the assumption that consensus on such items was more important.

[8] See Merton, Robert K., "Role-Set: Problems in Sociological Theory," *British Journal of Sociology*, Vol. 8, No. 2, (June 1957), pp. 106-120 for its theoretical basis.

Each set of two persons is referred to as a *dyad*. Computation of consensus is based on dyadic comparisons of differences in the responses of each member on the ward with those of every other member on the ward. For example, if two respondents gave identical answers to an item, they were given a score of 0 (no difference). The largest difference is 4 ("strongly agree," scored 5, minus "strongly disagree," scored 1). The consensus score, then, does not indicate whether the respondents disagree or agree with the item, but the extent of disagreement between respondents. The total consensus for each dyad is the mean disagreement for all items on the role for which the members under consideration interact. The total consensus score for staff nurse Jones and head nurse Brown, for example, is based on their mean agreement on all of the "staff-nurse—head-nurse" items.

On the basis of these computations, a total consensus score for each respondent and her respective superiors is computed. The amount of consensus that each student nurse has with her teachers and clinical instructors is the consensus computation considered in this report.

Graduate and student nurses' *identification* with their superiors is inferred from (1) consensus with superiors, and (2) an analysis of items on the Student Nurse Role-Conception Inventory and the Hospital Station Role-Conception Inventory which, on face validity, pertain to loyalty to superiors.

Performance Rating Charts

The *job performance* of general-duty nurses is based on role performance ratings given them by head nurses and supervisors on three criteria: attitude toward others, initiative in her work, and correctness of procedures and techniques (Appendix V). Each general-duty nurse was rated by her head nurse and supervisor on each of the criteria as either "excellent" (5), "good" (4), "fair" (3), or "poor" (2). The success score for each staff nurse is the mean rating on each of the criteria by the head nurse and supervisor rating the particular staff nurse. The level of success of student nurses is computed in the same way on the basis of role performance ratings of clinical and classroom instructors on each of the criteria. The criteria used by classroom instructors to rate student nurses were

labeled in a slightly different way, "attitude toward others," "interest and initiative," "competence in subject" (Appendix VI). These success ratings were divided into three levels, high, middle, and low, for each group on the basis of their distributions.

Job Satisfaction and Educational Satisfaction Scales

Job Satisfaction which nursing personnel express is measured by the Job Satisfaction Scale (JSS) developed and validated by Bullock[9] (Appendix VII). This is a 10-item scale. The first 9 items require the respondent to respond to one of the alternatives ranging from strongly agree to strongly disagree; alternative responses are arbitrarily assigned values of from one (1) to five (5), with the highest value assigned to the response indicating the greatest satisfaction. The tenth item requires the respondent to indicate on a horizontal scale her estimation of her general satisfaction or dissatisfaction with the job. The total job satisfaction score for each individual is derived by summing the individual item responses. The maximum possible score is 50; the minimum, 10.

The Bullock Job Satisfaction Scale was adapted to measure satisfaction with educational experience among student nurses (Appendix VIII). The scoring procedures are the same as those described above.

THE SAMPLE

Parallel hypotheses were tested on two separate samples composed of (1) student nurses in 4 schools, and (2) nursing personnel from typical medical and surgical stations in 3 hospitals.

Of the 406 student nurses, 225 were freshmen and sophomores and 181 were juniors and seniors who were also working part-time in wards. All 4 schools of nursing were located in an upper-Midwestern city. The types of schools and the number of respondents from each were: (1) a publicly supported, 3-year diploma school ($n = 47$ juniors and seniors); (2) a publicly supported, 5-year degree program associated with the state university ($n = 85$ juniors and seniors); (3) a church-supported, 3-year diploma program ($n = 32$

[9] Bullock, Robert P., *Social Factors Related to Job Satisfaction,* (Columbus: The Ohio State University, Bureau of Business Research, 1952). See also: Hoppock, Robert, *Job Satisfaction,* (New York: Harper & Bros., 1935).

juniors and seniors); (4) a 4-year degree program associated with a church related liberal arts college (n = 17 juniors and seniors).

The sample of nursing personnel is a representative cross-section from typical medical and surgical stations in 3 hospitals located in the same upper-Midwestern city: (1) a state medical center connected with the state university (with a bed capacity of 644); (2) a municipal hospital (with a bed capacity of 544); (3) a privately endowed, church-affiliated Protestant hospital (with a bed capacity of 302).

The total sample of nursing personnel respondents consists of the following day shift personnel:

Head Nurses and Supervisors	23
General Duty Nurses	52
Physicians (Interns)	17
Other Hospital Personnel	64
Orderlies	5
Aides	42
Ward Secretaries	8
Licensed Practical Nurses	9

The sample size, and the method of its selection, prohibits extensive generalization. The advantage of the sample, however, is that it permits comparisons between a variety of nursing and hospital personnel which a larger, but homogeneous, sample would preclude.

Two of the instruments—The Image of Nursing Scale, and The Comparing Vocations Inventory—were administered to all student nurses, including freshmen, sophomores, juniors and seniors in each program. Satisfaction with Educational Experience instruments were completed by 140 juniors and seniors, and success rating, as evaluated by clinical and classroom instructors, were obtained on 172 juniors and seniors, all of whom also responded to the Student Nurse Role-Conception Inventory (SNRCI). However, sufficiently comparable information to compute role consensus was available for only 107 student nurses. This is because of the necessity of comparing each person's item scores with all other role partners; where every item was not answered, or where one role partner failed to answer, the respondent was omitted from the analysis.

The total sample of hospital personnel responded to the Job Satisfaction Scale and to the Image of Nursing Scale. Success Rating Scales were obtained on the 52 general-duty nurses from head nurses and supervisors; 45 of these responded to all items of the Hospital Station Role-Conception Inventory, and complete role-partner consensus information between general-duty nurses and all other members of their work groups, on all items, was available for 40 of them.

CHAPTER III

THE STUDENT NURSE: DEVELOPMENT AND ANALYSIS OF THE HYPOTHESES

ROLE CONCEPTION

What a person expects of himself is influenced, in part, by his assessment of what others expect of him. Self-conception is likely, therefore, to be relatively ambiguous when there is low consensus on role conception among "significant others," or those who are important. On the other hand, high consensus among significant others is expected to help establish a clearer self-conception and thereby increase the consistency and persistence with which roles are enacted. It is assumed that clarity of self-conception, in turn, increases satisfaction with the experience.

As suggested, the opinions of some persons are more "significant" than those of others. Consensus with such persons or groups is more directly related to job satisfaction. The satisfaction that student nurses express with their educational experience will probably be enhanced by consensus with their teachers, in particular; if for no other reason, their opinions are important because they control the official reward system.

Tests of hypotheses formulated from the thesis discussed in Chapter I are reported in this chapter for student nurses; the following chapter reports parallel tests of hypotheses on the sample of hospital station work groups.

Consensus and Satisfaction

Hypothesis I: There is a direct relationship between role consensus of student nurses with their clinical and classroom instructors and their satisfaction with educational experience.

The expressed satisfaction of student nurses with their educational experiences is, in general, directly associated with the degree of role consensus which they have with clinical and classroom instructors (Table 1, "Total Student Nurses").

Forty-four per cent of the variation in satisfaction (r^2) is explained by consensus ($P. < .01$). It should be noted, however, that the middle-success group contributes to this correlation more heavily than the high- or low-success groups. Among the success extremes, the correlation between consensus with superiors and satisfaction with the educational experience is relatively low; in fact, it is not statistically significant, although it is in the expected direction. The significance of this will be considered later.

Attitudinal Conformity and Level of Success

An important element in a person's role performance is the "esteem" he has, i.e., the way his success in that role is rated by others, particularly by superiors. The evaluations of superiors may function as a "badge" which condones his behavior and helps to establish the accepted relationships with others in the work group. In the process, this evaluation by significant others helps define (either endorses or denies) the worker's own self-conception.

The question raised is whether success ratings received from superiors are associated with the degree to which the opinions of personnel conform to those of their superiors. Conformity with superiors will be inferred from two types of data: (1) the amount of consensus between superiors and subordinates on work norms; (2) inferences from expressed agreement and disagreement with statements that seem to endorse the authority of superiors.

Hypothesis II: Level of success is associated with attitudinal conformity with the norms of superiors.

In connection with this general hypothesis two alternative hypotheses were used to specify the *type* of association expected.

Hypothesis IIA: Student nurses rated as highly successful by instructors express more role consensus with instructors than do middle-success or low-success student nurses.

This hypothesis is based on the assumption that superiors expect student nurses to internalize some of the same norms that they believe in. It is reasoned that superiors tend to deprecate role performances of subordinates whose role conceptions do not coincide with their own. On the other hand, this line of reasoning obviously ignores the fact that role *performance* may conform to

standards of superiors independently of internalization of superiors' role *conceptions*. People often do what they believe they should not do, if it is required. Futhermore, there is reason to doubt that superiors rate subordinates solely on the basis of whether they agree with them on role definitions. Therefore, the contrary alternative hypothesis can also be supported.

Hypothesis IIB: Student nurses rated as highly successful by instructors express less consensus with instructors than do middle-success or low-success student nurses.

The alternative hypothesis is based on a distinction between conformity to the peer group and conformity to the superior group, where the norms of these two are different. In a sense, successful

TABLE 1—Linear Correlation between Role Consensus of Student Nurses with Instructors and Satisfaction with Educational Experience, by Level of Success

Level of Success[b]	N[c]	r^2	r	t[a]
High-success student nurses	45	.06	.25	1.70
Middle-success student nurses	27	.27	.52	2.65*
Low-success student nurses	35	.05	.23	1.30
Total Student Nurses	**107**	**.44**	**.66**	**6.70***

* Significant at the 1 per cent level.

[a] t is a test of the likelihood that the sample correlation value reflects the universe value.

[b] Based on performance rating. Performance rating scores represent the combined averages of scores given students by teachers and clinical instructors (15 possible points). The success levels are: High, 14 or more points; Middle, 12–13 points; Low, 8–11 points.

[c] Sufficient information was available to compute consensus for 107 of the 172 juniors and seniors who had had clinical experience.

job performance may be a deviant act relative to the peer group, and create alienation from peer group norms which establish "proper" codes of ambition and which may discourage the "rate buster" and "eager beaver." Successful performers may become marginal, accepting no set of norms consistently. They may meet superiors' role expectations without internalizing their norms. All that may be required is some degree of outward conformity, or perhaps only acceptance of the basic goals of the organization. Disagreement on specific role conceptions can exist without disrupting the organization so long as there is apparent loyalty to the basic ends, values, and norms. Therefore, low identification with superiors on

specific issues need not be threatening enough to the organization to preclude high success ratings from superiors if the subordinate skillfully fulfills the superiors' role expectations, even though he may not have internalized them.

The latter thesis states only that identification with superiors is not *required* for success. Identification with superiors, however, may be associated with high success under some conditions. To refute the alternative hypothesis (IIB), it must be demonstrated that conformity to superiors is positively associated with high success rating. To accept the alternative hypothesis (IIB), it must be shown that conformity is, under some conditions, inversely associated with high success ratings.

When average consensus with instructors is used as a criterion of conformity, neither hypothesis is completely supported (Table 2). (In this report, the acceptance of an hypothesis merely implies statistical rejection of the null hypothesis.) There are no significant

TABLE 2—Mean Role Consensus[a] of Student Nurses with their Instructors, by Level of Success[b]

Level of Success	N	Mean Consensus[c]	Variance
High-success student nurses	45	.94	.044
Middle-success student nurses	27	.95	.054
Low-success student nurses	35	.91	.081

Comparison of Success Levels	Critical Ratios[d]	F Ratio of Variances[d]
High vs. Low	0.46 (NS)	1.84[e]
High vs. Middle	0.00 (NS)	1.23 (NS)
Middle vs. Low	0.66 (NS)	1.50 (NS)

[a] Consensus is based on mean agreement on relevant SNRCI items between each student and her supervisors.
[b] See Table 7.
[c] High score indicates low consensus.
[d] (NS) indicates "not statistically significant."
[e] Significant at the 5 per cent level, one-tail test.

differences between success ratings and average consensus with teachers. This suggests, on the one hand, that consensus with superiors is not a necessary condition for a high-success rating, which casts doubt on hypothesis IIA. On the other hand, hypothesis IIB is not completely supported either, since high-success students do not have lower consensus with instructors than do low-success students. However, while the null hypothesis can technically never

be accepted, lack of relationship in this case is consistent with the thesis that low consensus with superiors is compatible with a high-success evaluation. Also, there is the fact that low-success students have a significantly greater variance (i.e. vary more around the mean) than high-success students on degree of consensus (.044 versus .081); this means that high-success students are more consistent in their agreement and disagreement with teachers than are low-success students.

Thus far, "identification" with superiors has been considered in terms of average consensus scores. In addition, there are a few items on the questionnaire which are especially relevant indicators of the acceptance of the authority of superiors. The hypothesis was re-tested for each of these statements.

Hypothesis IIC: High-success nursing students tend to agree with statements which endorse ideal professional standards and disagree with statements which endorse loyalty to the hospital authorities significantly more than do low-success students. (Conversely, high-success nursing students tend to disagree with statements which tend to lower professional standards.)

This hypothesis is derived in part from hypothesis IIB. If successful students are marginal with respect to the peer group, perhaps they are not completely assimilated into the official system, and accept it in only a limited degree. This would be true especially if the total self-image of high-success students is more dependent on their self-conception as nurses than low-success students; for in that case the high-success group may also be more critical of certain occupational practices which do not correspond with their self-conception.

Furthermore, if high-success students are more often marginal than low-success students, they are less likely to allow group relationships to influence their conception of professional standards. To the extent that their total self-image is dependent on their self-conception (as nurse), they are more likely to identify with the *abstract reference group* (that is, with the idealized standards in the nursing profession) than with the peer group, or with superiors in the local hospital. In other words, high-success students are more likely to identify with the abstract professional norms than

with either the particular organization where they work, or with persons with whom they work.

Degree of attitudinal conformity to superiors is inferred from responses to statements in the Student Nurse Role-Conception Inventory which suggest loyalty to superiors, while degree of identification with the profession is inferred from expressed loyalty to idealistic professional standards. The responses of high-, middle-, and low-success student nurses were averaged for each of the 83 items on the Student Nurse Role-Conception Inventory. An item analysis between high- and low-success nursing students reveals significant differences on only 10 of the 83 items (using a one-tail test), but 9 of the 10 are relevant to the hypothesis (number 10 is least relevant). Of these 9, 8 differences are in the predicted direction, one item is not (Table 3).

Six of the significant items refer to some aspect of authority (1, 2, 3, 4, 5, 6). For example, on Item 1, high-success students disagree more than do low-success students with the statement that the student nurse is merely an apprentice who is learning from the graduate nurse. This is consistent with the notion that high-success students have nonconforming role conceptions which deny their inferiority to persons who are officially superior. Significantly more disagreement is expressed by the high-success students than by the low in one other area also: with the general requirement to obey and respect general duty nurses (Item 2). They disagree less that clinical instructors should admit to lack of information and should show students where to find this information (Item 3). These statements are also consistent with the interpretation that the high-success students are less dependent than the low-success students on existing authority, and, conversely, that high-success students are more likely to expect to take initiative and responsibility in the educational process. High-success students are more likely to depend upon their own judgments in regard to patient care as well (Item 4). (The same item, it should be noted, might also be interpreted as expressing relatively low professional standards or relatively high peer group conformity.) High-success students are also more likely to believe that the student has responsibility for creating new and better ways of patient care, which confirms the general thesis that

TABLE 3—Mean Scores on Role Conception[a] (SNRCI) Items which Discriminate among High-Success and Low-Success Student Nurses

Item Number	Item[a]	High-Success Students (N=67)	Low-Success Students (N=49)	Critical Ratio
		Mean[b]	*Mean*[b]	
1	The relationship between a general duty nurse and a student nurse should be comparable to that of an apprentice and a journeyman. That is, the student should recognize that she is inexperienced and is in the process of learning from the general duty nurse. (Q–1).[b]	2.00	2.19	1.75*
2	The attitude of the student toward the general nurse should not only include respect but, in general a willingness to obey as well. (Q–6).	1.90	2.13	1.76*
3	If the teacher or clinical instructor is asked a question and doesn't know the answer, she should frankly admit she doesn't know the answer and then suggest where the information may be found so the student can look it up for herself. (Q–76).	1.69	1.46	2.04*
4	If one student observes another student using some procedure which the first student nurse feels is not for the good of the patient, she should tactfully express her misgivings to the second student. (Q–39).	1.98	3.57	11.49**
5	Creating new and better ways of patient care is primarily the responsibility of the clinical instructor and medical research and the student should not view it as one of her own major responsibilities. (Q–9).	3.92	4.25	1.94*
6	After a student has had her orientation to a service and has worked there for a time, if she needs assistance in any phase of patient care she should contact the head nurse or team leader rather than trying to contact the clinical instructor. (Q–10).	3.08	2.70	2.11*
7	Consider the following situation: A student who is consistently a very capable bedside nurse is making a failing grade in pharmacology. The teacher believes she has worked hard in the course but the grade is not quite high enough to be passing. In such a situation the student should be given a passing grade, especially in light of the fact that she is such a good bedside nurse. (Q–36).	3.20	3.64	2.42*
8	One student should act as a check on another student as to correctness of the procedures she is using. (Q–63).	3.27	2.89	1.94*
9	A student should be sure her procedures are absolutely correct before she proceeds. (Q–41).	1.84	1.57	2.07*

TABLE 3—Continued

Item Number	Item[a]	High-Success Students (N=67)	Low-Success Students (N=49)	Critical Ratio
10	During the regularly scheduled conference with the student nurse, the clinical instructor should deal primarily with work or study problems that relate directly to the nursing education experience. (Q–66).	*Mean*[b] 2.22	*Mean*[b] 2.48	1.95*

** Significant at the 1 per cent level.
* Significant at the 5 per cent level, one tail test.
[a] The number in parenthesis following each statement is the number of the item on the Questionnaire (Appendix IV).
[b] Scoring Key: Strongly Agree=5; Agree=4; Undecided=3; Disagree=2; Strongly Disagree=1.

high-success students are more likely to be critical of the existing structure, feel responsibility for social change, and expect to exercise more authority (Item 5). However, this thesis may not be supported by responses to Item 6; high-success students are more likely to respect the authority of their hospital rather than that of their own school of nursing staff. This is contrary to the expectation that students would learn to use the profession as a reference group, particularly the conception of the profession as defined by the school of nursing. (The only way in which Item 6 might be interpreted as supporting the hypothesis is if hesitancy to check with clinical instructors when in doubt could be interpreted as a reflection of less dependence on superiors when dealing with problems in the hospital.)

The three items which concern professional standards tend to support the hypothesis (items 7, 8, 9). For example, high-success students agree less strongly than do low-success nursing students with the suggestion that educational standards should be lowered in case of extenuating circumstances (Item 7), which suggests identification with a categorical reference group, the profession, rather than with the peer group. Item 8 also indicates that high-success students are more likely than low to emphasize the maintenance of high professional standards. Again, Item 9 demonstrates that high-success students are significantly more likely to demand technical standards in the nursing profession; yet they do disagree.

It is difficult to interpret Item 10 within the framework of the hypothesis, except to suggest that in wishing to talk about problems that are not directly related to their own nursing education experience, high-success students may want a broader perspective on the nursing profession, which would indicate identification with the abstract reference group, the profession, rather than the specific work experience.

In general, then, compared to the low-success group, high-success students do express attitudes which reflect less deference toward authority, greater independence, greater identification with professional norms, and less conformity to officials and peers in the organization by which they are employed. This tends to support the alternative hypothesis (IIB), but it needs further refinement to include the observed exceptions.

SUCCESS AND SATISFACTION

The statements about success and satisfaction thus far have been independently derived from the general theory. The association between these variables will now be explored.

Hypothesis III: Student nurses rated as highly successful by their teachers are significantly more satisfied with their educational experience than are low-success students.

This hypothesis assumes that the chance of correspondence between self-esteem and status is greater among the high-success than among the low-success students. The cultural definition of success is such that a "good" student is judged favorably by others. Being rated as highly successful, then, is an indication of approval. However, everyone does not strive for success, or value it equally. It should not disturb a nurse who conceives of herself as mediocre to be rated at the median level of success by her superiors, for this merely reinforces her self-conception; nor would she object to a more favorable evaluation. But a nurse who conceives of herself as a "good" nurse, and is evaluated as a middle-success or low-success nurse, is likely to be dissatisfied. The point is that over-estimation of a person's ability is less objectionable than under-estimation, and the lower the evaluation the more likelihood that self-esteem will be

injured. The high-success category would be, as a group, more satisfied with and less critical of the educational situation than the category rated low on success. To repeat, self-conception and evaluation are more likely to correspond for the successful than for the less successful group.

The data support the hypothesis (Table 4). However, while low-success students, on the average, express less satisfaction with their educational experience than do either high-success or middle-success students, they also express significantly more variation in their level of satisfaction than do either high-success or middle-success students. In turn, the high-success vary more than the

TABLE 4—Mean Satisfaction with Educational Experience among Nursing Students, by Level of Success

Level of Success	N	Mean Educational Satisfaction Score[a]	Variance	Tests of Significance	
				Critical Ratio *(High vs. Low)*	F Ratio of Variance *(High vs. Low)*
High-success student nurses	49	33.94	7.11	2.68**	2.1*
Middle-success student nurses	58	33.34	2.92		
Low-success student nurses	33	31.97	20.44		

* Significant at the 5 per cent level.
** Significant at the 1 per cent level.
[a] Satisfaction is based on the numerical total of all items, scored from highly dissatisfied to highly satisfied with educational experience; high score indicates high satisfaction.

middle-success students. Thus, middle-success students express significantly less variation in satisfaction than do either low-success or high-success students, although they are, on the average, as satisfied as high-success students. This indicates that low-success is not *consistently* associated with low satisfaction, nor high success with high satisfaction. Why is there significantly more variance in the level of satisfaction for high-success than for middle-success students? Conversely, why is there less variance for middle- than for either high- or low-success students? One interpretation is that middle-success students are less often persons whose ambitions go beyond the limits of their ability than are those who are more successful, while at the same time the lack of reward, and possibly even the threat of punishment (which tends to frustrate the low-success student), is largely absent in the middle-success category.

In conclusion, the hypothesis is supported. But unexpected is the finding that middle-success and high-success nursing students are equally satisfied, and that, when variances are considered, middle success is even more consistently satisfying than high success. These issues will be considered in further detail later.

OCCUPATIONAL IMAGE

Occupational Image and Satisfaction

It has been suggested that the performer's image of an occupation is probably influenced by whether his career in it promises to fulfill the demands of his own cultural values and career ambitions. If it does, then his conception of the occupation is likely to be favorable. Favorable image of the occupation, presumably, spawns a favorable self-image (high self-esteem), which, in turn, leads to satisfaction with the role. In testable form:

Hypothesis IV: There is a positive relationship between the favorableness of nursing image held by student nurses and their expressed satisfaction with their educational experience.

The hypothesis is supported (Table 5). Although the correlation is relatively low ($r = .38$) and explains only 15 per cent of the variance, it is statistically significant ($P < .01$).

The correlations, however, range from .07 among high-success and .12 for low-success students, to a remarkable $r = .81$ among middle-success students. Among the middle-success nursing students, favorableness of image explains 66 per cent of the variation in satisfaction! This parallels the earlier finding that *consensus* of student nurses with superiors is most highly related to satisfaction for the middle-success category.

Occupational Image and Success

Hypothesis V: Students who have a highly favorable image of nursing are more likely to be rated successful than are students with a less favorable image.

This hypothesis is derived from an assumed relationship between image of the occupation and personal ambition. On the one hand, if the occupation permits the fulfillment of a person's ambitions, his

image of that occupation will be favorable. On the other hand, persons are more likely to seek success in an occupation which enhances the favorableness of their total self-image.

The hypothesis is not completely supported (Table 6). There is no significant difference between high-success and low-success students on favorableness of the occupational image. However, high-success and middle-success students do differ significantly in the expected direction; attitudes of high-success nursing students reflect a more favorable image than do those of the middle group. Once again, the attitudes of high-success and low-success students are significantly different from those of middle-success nursing students.

Elements of the Image of Nursing and Level of Success: Item Analysis—The foregoing analysis is based on the favorableness of the *general* occupational image. However, certain aspects of the occupational image may be of special relevance for role performance. When responses of students in the three success categories are com-

TABLE 5—Linear Correlations between Favorableness of Image of Nursing Scale Scores[a] and Student Nurse Satisfaction with Educational Experience, by Level of Success

Level of Success	N	r^2	r	t
High-success student nurses	49	.00	.07	0.43
Middle-success student nurses	58	.66	.81	6.14*
Low-success student nurses	33	.01	.12	0.67
All success levels combined:	**140**	**.15**	**.38**	**4.49***

* Significant at the 1 per cent level.
[a] INS total scores are the numerical total of all items, scored from zero (0) (extremely unfavorable role conception) to four (4) (extremely favorable role conception).

TABLE 6—Mean Scores on Image of Nursing Scale among Student Nurses, by Level of Success

Level of Success	N	Mean[a]	Variance
High-success student nurses	58	54.60	27.82
Middle-success student nurses	67	54.01	29.11
Low-success student nurses	47	54.57	30.85
Comparison of Success Levels		**Critical Ratios**	**F Ratio of Variances**
High vs. Low		.00	(NS)
High vs. Middle		1.97*	(NS)
Middle vs. Low		1.70*	(NS)

[a] High score indicates high favorableness of the image of nursing.
* Significant at the 5 per cent level, one tail test.
(NS) indicates not significant.

pared on each statement of the Image of Nursing questionnaire, there are significant differences between high-success and low-success student nurses on 5 items of the 36 items included on the Questionnaire (Table 7). On 2 of the 5 items, the high-success nursing students have a less favorable occupational image than do the low-success nursing students (Items 1 and 4). Therefore, Hypothesis V is supported by only 3 of the 21 items and refuted by 2 of them; it is not confirmed.

TABLE 7—Mean Scores on Five Image of Nursing (INS) Items Which Discriminate among High- Middle- and Low-Success Student Nurses

Item No.	Item[b]	Mean INS Scores[a] for: High Success (N=58)	Middle Success (N=67)	Low Success (N=47)	Critical Ratio (High vs. Low)
1	There are many other occupations for women which provide greater financial independence than nursing. (Q–8)	1.24	1.18	1.43	3.45**
2	Nursing provides an excellent opportunity to put one's religious beliefs into practice. (Q–16)	3.15	3.15	2.66	2.88**
3	Nursing provides an excellent preparation for marriage and family life. (Q–18)	3.70	3.76	3.23	1.78*
4	Most nurses can have financial independence because there are always opportunities for either full- or part-time employment. (Q–20)	0.74	1.78	0.87	3.71**
5	Nursing gives one a chance to meet and associate with many interesting persons. (Q–29)	3.47	3.34	3.22	1.92*

[a] Possible range of scores from zero (unfavorable) to four (favorable).
[b] The number in parenthesis following each statement is the number of the item in the questionnaire (Appendix I).
* Significant at the 5 per cent level, one tail test.
** Significant at the 1per cent level.

When the content of the statements on which there are statistically significant differences between high-success and low-success students is considered,only one of the 5 statements pertains to service or ideological factors within the nursing profession: high-success students are more likely to have favorable impressions of nursing as an opportunity to put one's religious beliefs into practice. The

other 4 items can be classified as personal or pragmatic factors in the occupation. On two items, which claim financial independence for nurses, low-success students express higher concurrence. On the other hand, high-success students more often report the belief that nursing provides more chance to meet interesting persons, or to prepare for marriage and family living. That is to say, high-success nursing students are more likely to view nursing as a means of familial, religious, and social fulfillment, while they have a lower impression of its financial rewards than do low-success students.

It is concluded that there is a low and inconsistent association between the favorableness of the image of the nursing profession and some types of success ratings, but some factors in the general image of nursing are more important than others in creating the favorable impression. It does not appear, however, that the favorableness of image is consistently associated with high success as expected. Two of the pertinent items show low-success student nurses with significantly more favorable images than the high-success ones.

Comparative Occupational Rewards and Level of Success—The advantages which a person attritbutes to his occupation are best detected as he compares that occupation with other occupations. To test for association between the perceived relative advantage of nursing and success rating, the high-, low-, and middle-success nursing students were asked to compare nursing, teaching, and secretarial occupations on 25 criteria, and to indicate in which occupation each of the criteria can best be achieved.

Hypothesis VI: Student nurses rated high in success by their instructors are more likely than those rated low to believe that each of the suggested advantages can best be achieved in nursing rather than in teaching or secretarial work.

There is little support for the hypothesis (Table 8). The 3 separate items on which there are significant differences in the predicted direction indicate that a higher proportion of high-success than of low-success students believe that nursing, rather than teaching or secretarial employment, provides the best opportunities to meet a potential husband (Item 2), provides the best opportunities to hold positions of authority (Item 6), and provides best opportunity to practice religious beliefs (Item 4). Considering the statements on

TABLE 8—Percentage of High-Success and Low-Success Student Nurses Who Believe that Each of the Indicated Occupational Advantages Can Best be Achieved in Nursing, Teaching, and Secretarial Vocations

Item No.	Item[a]	Nursing[b]			Teaching			Secretarial		
		High Success (N=58)	Low Success (N=47)	Critical Ratio	High Success (N=58)	Low Success (N=47)	Critical Ratio	High Success (N=58)	Low Success (N=47)	Critical Ratio
1	Provides the greatest variety of work activity on the job. (Q–4).	81.0	85.1	2.41* L > H	10.3	3.1	H > L 1.91*	1.7	0.0	0.27
2	Provides the best opportunities to meet a potential husband. (Q–7).	34.0	21.3	1.92* H > L	5.2	6.4	0.27	29.3	27.8	0.01
3	Gives one the greatest amount of prestige. (Q–9).	58.6	89.2	3.92** L > H	8.6	2.1	1.59	0.0	0.0	0.00
4	Provides the best opportunity for putting one's religious beliefs into practice. (Q–10).	82.8	66.0	2.00* H > L	1.7	4.3	0.81	0.0	0.0	0.00
5	Offers the largest number of occasions to meet new and interesting people. (Q–11).	55.2	68.1	1.87* L > H	3.4	0.0	1.55	6.9	8.5	0.20
6	Gives the best opportunity to hold positions of authority. (Q–12).	70.2	57.1	1.90* H > L	12.1	21.3	1.80* H > L	1.7	6.4	0.64
7	Gives best opportunity for a woman to supplement her husband's income. (Q–15).	48.3	55.3	0.72	6.9	10.6	0.44	13.8	4.3	1.79* H > L
8	Requires the greatest amount of intelligence. (Q–20).	36.2	74.5	4.30** L > H	10.3	6.4	0.78	3.4	6.4	0.73

* Significant at the 5 per cent level, one tail test.
** Significant at the 1 per cent level, one tail test.
[a] The number in parentheses following each statement is the number of the item in the questionnaire (Appendix II).
[b] The Percentages do not total 100 because the "Undecided" category is not reported here.

which there are significant differences opposite from that predicted, a higher proportion of low-success than of high-success students believe that nursing provides the greatest variety of activity on the job (Item 1), offers the greatest amount of prestige (Item 3), offers the largest number of occasions for meeting new and interesting people (Item 5), requires the greatest amount of intelligence (Item 8), and low-success students are less likely to believe that secretarial work provides the best opportunity for a woman to supplement her husband's income (Item 7).

It may be noted that the high-success rather than the low-success nursing students are more likely to compare nursing favorably, on both the more pragmatic aspect of meeting a husband and the rather ideological aspect of putting religious beliefs into practice. On the other hand, high-success students are not as likely to be favorably impressed with the opportunity that nursing provides to achieve prestige and recognition for intelligence as are low-success students. This is highly speculative, but these facts may reflect some disillusionment on the part of high-success students, who originally entered nursing with the intention of achieving prestige in a service-oriented career, but find that service to people does not evoke the deference that they had originally expected. This may encourage emphasis on the more pragmatic aspects of the occupation. If the self-conception of high-success students is one which requires more prestige than is accorded them, the work is likely to seem less interesting. Further research can test this interpretation.

The above interpretation further suggests that high-success students are likely to be more satisfied than low-success nursing students, since their self-conception is more highly rewarded. But, they still may not have the most favorable image of the occupation, because their relatively higher status leads them to compare their rewards with even higher rewards which they might have achieved in some other way. If their original ambitions were higher and yet they realized no relatively greater fulfillment than low-success students, they may tend to deprecate their occupation relatively more.

In conclusion, only a few of the variables involved in the hypothesized relationship between success and self-esteem in the occupa-

tion, as tapped by the Image of Nursing Scale, corroborate the theoretically derived expectations. The fact that low-success nursing students behave contrary to prediction raises a fundamental problem: if the high-success student nurses have unfavorable attitudes toward the profession, to what extent do these students, rather than the low-success students, eventually leave nursing?

SUMMARY AND CONCLUSION

The hypotheses concerning satisfaction with educational experience are supported: image of nursing, consensus, and level of success all contribute to the level of satisfaction. However, the hypotheses concerning success are only fragmentally confirmed. Favorableness of nursing image is not consistently associated with success, neither on the basis of average image-of-nursing-scale scores nor item analysis. Also, average consensus with instructors is not associated with level of success. The weight of evidence about success is inconsistent.

CHAPTER IV

HOSPITAL PERSONNEL: FURTHER TESTS OF THE HYPOTHESES

Nursing is hardly an homogeneous occupation. There are diverse types of training programs; there are large-, middle-, and small-sized hospitals; there are tax-supported, privately-endowed, and church-affiliated hospitals; and there are a wide range of non-institutional careers. Nursing includes types of duties which range from "touch" duties, involving patient contact and technical teams such as those which administer intravenous medication, to managerial, supervisory, and teaching positions. Nurses are service workers, professionals, office secretaries and bookkeepers, hospital administrators, and supervisors of nursing services.

For such a richly diversified occupation, generalizations must be made tentatively, if at all. Certainly, conclusions based on a sample of students not yet admitted to full membership in the profession are not necessarily valid for the profession. Therefore, in this chapter, the hypotheses already examined with data from the student nurse sample will be re-examined using data from a modest sample of hospital nursing personnel. Since the derivation of the working hypotheses has been discussed in the preceding chapters, the following discussion proceeds directly to tests of the several hypotheses.

ROLE CONCEPTION

Consensus and Satisfaction

Hypothesis I: There is a direct relationship between the role consensus of general-duty nurses with their head nurses and supervisors and their job satisfaction.

The data meagerly supported the hypothesis (Table 9).

When all nurses are considered, there is a low but significant relationship between consensus with superiors and job satisfaction; about 14 per cent of the variance is explained. Most of the association is accounted for in the low-success group ($r = .38$) rather than in the high-success or middle-success categories ($r = .21$).

TABLE 9—Linear Correlation between Role Consensus of General-Duty Nurses with Head Nurses and Supervisors and Job Satisfaction, by Level of Success

Level of Success[b]	N[c]	r^2	r	t[a]
High-success nurses	19	.04	.21	0.98
Middle-success nurses	13	.04	.21	0.71
Low-success nurses	8	.14	.38	1.01
Total nurses	**40**	**.14**	**.37**	**2.31***

* Significant at the 5 per cent level.

[a] t is a test of the likelihood that the small sample correlation value reflects the universe value.

[b] See footnote b, Table 1 for description of numerical classification of success levels.

[c] Sufficient information was available to compute role consensus for all Hospital Station Role-Conception Inventory items (Appendix III) on 40 of the 52 nurses.

When the responses of nurses with the highest satisfaction scores are compared with those of nurses with the lowest satisfaction scores for each item on the Role-Conception Inventory, 17 items can be identified which discriminate between high-satisfaction and low-satisfaction nurses (Table 10). The items seem to reveal no consistent pattern; they may be useful, however, for predictive purposes, and to aid nursing supervisors to distinguish their more satisfied personnel from the least satisfied.

Attitudinal Conformity and Level of Success

Hypothesis II: Level of success of general-duty nurses is not necessarily associated with Role Consensus with Superiors.

Building on the parallel set of hypothesis in the preceding chapter, the null hypothesis seemed most appropriate. Since the null hypothesis can never be accepted, the hypothesis as it is stated cannot be confirmed. The best that can be said in support of such an hypothesis is that it is not rejected. Such is the case here (Table 11). There does not seem to be a relationship between success ratings and role consensus with superiors. This finding is consistent with the thesis that attitudinal conformity (in this case, role consensus with superiors) is not a necessary condition for a high-success rating. However, the contrary hypothesis that high-success nurses have *less* consensus with superiors than low-success nurses is not supported either. (In fact their variance is lower.)

TABLE 10—Hospital Station Role-Conception Inventory Items on Which There Are Significant Differences in Mean Responses between General-Duty Nurses with High- and Low-Satisfaction Scores

Item Number	Item[a]	High-Satisfaction Nurses	Low-Satisfaction Nurses	Degrees of Freedom	t[b]
	General-Duty Nurse—General-Duty Nurse	*Mean*[c]	*Mean*[c]		
1	When there is still a difference of opinion regarding some aspect of patient care after extended discussion in a team conference, the matter should be settled by majority vote. (1–62)	3.71	3.25	17	4.00**
2	When a general-duty nurse has completed all of her normal tasks, she should offer to help one of the other general-duty nurses rather than just "take it easy." (2–33)	3.92	1.83	34	6.27**
3	A general-duty nurse should not criticize the actions of another general-duty nurse or the head nurse in front of student nurses, even when the person being criticized is not present. (3–13)	1.23	1.96	34	3.08**
4	A good nurse or aide should not permit herself to become a part of a clique; i.e., she should treat the other nurses and aides on the station in an equally friendly manner. (3–22)	1.38	1.83	34	2.96**
5	If a general-duty nurse observes another general-duty nurse, licensed practical nurse or aide, who has worked there for months violating a very important hospital rule or policy, she should *not* mention it to the head nurse or supervisor. (3–33)	4.46	3.87	34	2.64*
6	If a general-duty nurse observes another general-duty nurse or licensed practical nurse, who has worked there for months, violating a very important hospital rule or policy, it is her duty tactfully to point out that infraction to her. (3–46)	2.15	2.78	34	1.70*
	General-Duty Nurse—Head Nurse				
7	When there is still a difference of opinion regarding some aspect of patient care after extended discussion in a team conference, the matter should be settled by majority vote. (1–62)	3.92	3.26	25	2.15**
8	Even registered nurses should have supervision by the head nurse and the supervisor in regard to their techniques. (2–5)	1.84	2.44	44	2.17**

TABLE 10—Continued

Item Number	Item[a]	High-Satisfaction Nurses	Low-Satisfaction Nurses	Degrees of Freedom	t[b]
9	A general-duty nurse should not criticize the actions of another general-duty nurse or the head nurse in front of student nurses, even when the person being criticized is not present. (3–13)	*Mean*[c] 1.42	*Mean*[c] 1.88	44	2.02*
10	A good nurse or aide should not permit herself to become a part of a clique; i.e., she should treat the other nurses and aides on the station in an equally friendly manner. (3–22)	1.37	1.80	44	2.49**
11	If a supervisor can't "sell" her idea for a change in procedure to the nursing personnel and aides, she should not force them to try it. (1–20)	2.05	2.63	44	2.52**
12	If a supervisor observes policy infractions on her stations (wards), she should talk to the personnel involved immediately. (1–25)	1.63	2.00	44	2.34**
13	A supervisor should be able to demonstrate with skill the latest and best in techniques and care. (1–32)	1.42	1.81	44	2.47**
14	When a nurse or an aide feels that she is consistently not getting a "fair break" from the head nurse, she should discuss the situation with the supervisor. (3–18)	2.11	2.56	44	1.69*
15	If a general-duty nurse observes a student nurse who has worked there for months violating a very important hospital rule or policy, she should *not* mention it to the head nurse or supervisor. (1–55)	4.42	4.04	44	1.90*
16	Occasionally where there is a difference of opinion about some procedure on the station, the head nurse will use the rule book or policy manual to support her opinion. Actually she should insist that the rules be followed in detail at all times, even if some of them do seem impractical or unnecessary. (3–38)	2.37	3.00	18	5.00**
	General-Duty Nurse—Student Nurse				
17	A student nurse should always get information on situations she is not certain about from a general-duty nurse or her team leader and not from other student nurses. (3–3)	2.87	2.37	54	2.26**

TABLE 10—Continued

Item Number	Item[a]	High-Satisfaction Nurses	Low-Satisfaction Nurses	Degrees of Freedom	t[b]
18	When a student is acting as a team leader, it is her prerogative to direct members of the team in certain activities contrary to the way a general-duty nurse would specify the performance of these same activities. (3–75)	*Mean*[c] 3.58	*Mean*[c] 2.83	16	2.15**
19	A good nurse or aide should not permit herself to become part of a clique; i.e., she should treat the other nurses and aides on the station in an equally friendly manner. (3–22)	1.50	1.81	54	2.54**
	General-Duty Nurse—Licensed Practical Nurse				
20	A good nurse or aide should not permit herself to become part of a clique; i.e., she should treat the other nurses and aides on the station in an equally friendly manner. (3–22)	1.50	1.78	39	1.84*
	General-Duty Nurse—Nurses Aide				
21	A general-duty nurse should never criticize a team leader in front of the other members of her team. (2–65)	1.61	2.33	17	2.07*
22	When orderlies and aides have completed their tasks, they should see if there is something they can do to help the student nurses or the registered nurses. (3–57)	1.65	1.86	65	1.78*

[a] The number in parentheses following each statement is the number of the section and item on the questionnaire (Appendix III).
[b] t is a test of the likelihood that the sample correlation value reflects the universe value.
[c] Scoring key: Strongly Agree = 5; Agree = 4; Undecided = 3; Disagree = 2; Strongly Disagree = 1.
* Significant at the 1 per cent level, one-tail test.
** Significant at the 1 per cent level, one-tail test.

TABLE 11—Mean Role Consensus[a] of General-Duty Nurses with Their Head Nurses and Supervisors, by Level of Success

Level of Success	N	Mean Consensus[a]	Variance
High-success nurses	19	0.83	0.07
Middle-success nurses	13	0.89	0.11
Low-success nurses	8	0.89	0.04

Comparison of Success Levels

High vs. Low	Middle vs. Low	High vs. Middle
$t_{25} = 0.60$ (NS) F ratio of Variances $= 1.58$ (NS) (df = 27)	$t_{19} = 0.00$ (NS) F ratio of Variances $= 2.68$** (df = 21)	$t_{30} = 0.66$ (NS) F ratio of Variances $= 1.69$* (df = 32)

[a] High score indicates low consensus.

* Significant at 5 per cent level.

** Significant at 1 per cent level.

Hypothesis IIA: High-success nurses tend to agree with statements which endorse ideal professional standards and disagree with statements which endorse loyalty to hospital authorities, significantly more than do low-success nurses.

The degree to which staff nurses "identify" with superiors is reflected from an inspection of the Role Conception Inventory statements which endorse or deny loyalty to superiors; degree of loyalty to the hospital is inferred from responses to statements dealing with conceptions of the authority of head nurses. Nine of the items discriminate (Table 12). But an examination of the differences between high-success and low-success nurses on each of the 9 statements from the Role Conception Inventory reveals no conclusive trend.

A comparison of high-success and low-success nurses on the first 7 items (which pertain to hospital and professional loyalty) indicates that high-success nurses are less likely than low-success nurses (1) to believe that nursing personnel problems among nurses should be discussed with supervisors; (2) to want head nurses or supervisors as members of team conferences; (3) to believe that infractions of hospital rules and policies by other nurses should be mentioned to them (which suggests disloyalty to administrative policy); and (4) to agree that head nurses have complete responsibility for evaluating

TABLE 12—Mean Scores on Hospital Station Role-Conception (HSRCI) Items which Discriminate among High-Success and Low-Success General-Duty Nurses

Item No.	Item[a]	High-Success Nurses	Low-Success Nurses	N	t
	General-Duty Nurse—Head Nurse	*Mean*[b]	*Mean*[b]		
1	When a nurse or an aide feels that she is consistently not getting a "fair break" from the head nurse, she should discuss the situation with the station supervisor. (3–18)	2.43	3.05	21	2.05**
2	Team conferences should include only members of the team and not the head nurse or supervisor. (3–83)	2.10	3.64	12	4.07
3	If a general-duty nurse observes another general-duty nurse or licensed practical nurse, who has worked there for months, violating a very important hospital rule or policy it is her duty to tactfully point out the infraction to her. (3–46)	2.14	2.70	21	2.14
4	The head nurse should have complete responsibility for evaluating the nurses and aides on her station. (1–35)	3.57	4.21	21	2.25**
5	A supervisor should be able to demonstrate with skill the latest and best in techniques and care. (1–32)	1.95	1.60	21	1.65*
6	The head nurse should never criticize a supervisor or clinical instructor in front of other members of the nursing staff, even when the person being criticized is not present. (2–36)	2.33	1.80	21	1.90*
7	A general-duty nurse should not criticize the actions of another general-duty nurse or the head nurse in front of student nurses, even when the person being criticized is not present. (3–13)	1.90	1.60	21	2.03*
8	The student nurse should be willing to learn nursing care from all the other members of the station she is working on, including licensed practical nurses who have had many years of experience in nursing. (2–30)	2.25	2.00	12	2.19*
9	The general-duty nurse (rather than students or licensed practical nurses) should always take the more difficult nursing care cases for herself. (2–18)	3.33	2.65	21	1.82*

* Significant at the 5 per cent level, one-tail test. ** Significant at the 1 per cent level, one-tail test.

[a] The number in parentheses following each statement is the number of the section and item in the questionnaire (Appendix III).

[b] Scoring key: Strongly Agree = 5; Agree = 4; Undecided = 3; Disagree = 2; Strongly Disagree = 1.

nurses (which suggests relatively less respect for the judgment of superiors). These comparisons tend to support the hypothesis. On the other hand, high-success nurses are more likely than low-success nurses (5) to expect supervisors to have skill in the latest nursing techniques (which perhaps reflects these nurses' dependence on supervisors), (6) to believe that nurses and head nurses should not be criticized in front of students (again suggesting loyalty to hospital administration), and (7) they are less likely to believe that superiors should be criticized in front of the nursing staff. If there is a pattern, it seems to be that high-success nurses want more authority for themselves (and do not identify with their superiors in that sense), but they do not wish to see the authority *system* jeopardized.

Other items indicate that high-success nurses are: (8) more likely than low-success nurses to agree that students should be willing to learn from practical nurses (suggesting greater appreciation of practical nurses by the higher-success nurses), and (9) more likely to believe that general-duty nurses should always take the more difficult cases.

In conclusion, high-success and low-success nurses do express significantly different attitudes on specific issues, but a general pattern is not apparent.

SUCCESS AND SATISFACTION

Hypothesis III: General-duty nurses rated as highly successful by their head nurses and supervisors are significantly more satisfied with their jobs than low-success nurses.

When the mean difference in satisfaction scores between general-duty nurses rated by their superiors as high and as low on success is considered, the hypothesis is not confirmed (Table 13). While the difference is in the expected direction, it is not significant for the small sample being compared. Furthermore, success scores of the nurses are not significantly correlated with their satisfaction scores (Table 14). However, their satisfaction *variances* are significantly different; high-success nurses are more consistent on level of satisfaction than low-success nurses. Low-success rating is less consistently satisfying than high-success.

TABLE 13—Mean Job Satisfaction among General-Duty Nurses, by Level of Success

Level of Success	N	Mean Job Satisfaction Score[a]	Variance
High-success nurses	16	40.17	15.4
Middle-success nurses	24	38.69	20.1
Low-success nurses	12	38.25	80.3
Tests of Significance High vs. Low			
$t = 0.90$ (NS)			
F ratio of Variance = 5.00*			

[a] High score indicates high satisfaction.
* Significant at 1 per cent level.

TABLE 14—Linear Correlation between Success Rating Scores and Job Satisfaction Scores for General-Duty Nurses, all Levels of Success

Level of Success	N	r^2	r	t
All levels of success	52	.008	.09	0.68 (NS)

Hypothesis IIIA: Nursing personnel who have higher ranking official positions in the organization will be more satisfied with their jobs than lower ranking personnel.

When level of success is determined by rank of official position rather than by evaluation of superiors, the hypothesis is confirmed, for the higher ranks (Table 15). Head nurses and supervisors, as a group have significantly higher satisfaction scores than their subordinates. However, staff nurses are not, on the average, more satisfied than "other" hospital personnel, most of whom are their subordinates.

It is concluded that, while success ratings by superiors are not associated with the average level of nursing satisfaction, satisfaction is associated with *achieved* success, i.e., rank. This suggests that favorable evaluations by superiors are less important in the hospital where official recognition is available than it is in nursing school; since the students do not have a similar opportunity to achieve official recognition, their self-conceptions are probably more dependent on evaluations of their superiors than is the case for nurses who operate in a more tangible reward system.

TABLE 15—Mean Job Satisfaction Scores for Hospital Station Personnel, by Official Rank

Official Rank	Head Nurse		General-Duty Nurse		"Other" Personnel		Tests of Significance	
							Critical Ratio	F Ratio of Variances
	Mean[a]	*Variance*	*Mean*[a]	*Variance*	*Mean*[a]	*Variance*		
Head Nurses and Supervisors *(N=21)* vs. General-Duty Nurses *(N=52)*	42.71	10.6	40.63	4.53			2.71*	2.3*
General-Duty Nurses *(N=52)* vs. "Other" Personnel[b] *(N=60)*			40.63	4.53	40.53	29.45	0.13	6.5*
Head Nurses and Supervisors *(N=21)* vs. "Other" Personnel[b] *(N=60)*	42.71	10.6			40.53	29.45	2.18*	3.0*

[a] High score indicates high satisfaction.
[b] Orderlies omitted.
* Significant at the 5 per cent level.

OCCUPATIONAL IMAGE

Occupational Image and Satisfaction

It has already been proposed that one's image of his chosen occupation may influence his self-esteem, success, and satisfaction. To the extent that a person perceives a correspondence between his ambitions and the norms and values of his occupation, his image of the occupation is expected to be favorable.

Hypothesis IV: There is a positive relationship between the favorableness of the image of nursing held by hospital nursing personnel and their expressed job satisfaction.

When general-duty nurses and "other" personnel (licensed practical nurses, aides, orderlies and ward secretaries) are combined, the hypothesis is supported; 11 per cent of the variation is explained ($r = .33$, Table 16). When head nurses and supervisors are included, however, the amount of variation explained drops to nearly zero. On the other hand, among general-duty nurses alone, 20 per cent of the variation in level of satisfaction is explained by favorableness of the occupational image. Apparently, the official position held in

TABLE 16—Linear Correlations between Favorableness of Image of Nursing Scale Scores and Job Satisfaction of Hospital Station Personnel, by Official Position

Hospital Station	N	r^2	r	t
Combined Total Categories: INS total scores and satisfaction scores				
Nurses and "other"[a] personnel	111	.11	.33	3.5*
Nurses, "other"[a] personnel, head nurses and supervisors	133	.02	.16	1.8
General-Duty Staff Nurses				
High INS scores and satisfaction scores	18	.00	.05	0.0
Middle INS scores and satisfaction scores	17	.31	.56	2.7*
Low INS scores and satisfaction scores	17	.13	.35	1.5
All INS score levels combined and level of satisfaction (for all nurses)	52	.20	.45	3.2*
"Other"[a] Personnel				
High INS scores and satisfaction scores	21	.08	.28	1.3
Middle INS scores and satisfaction scores	21	.28	.53	2.5*
Low INS scores and satisfaction scores	18	.05	.22	0.9
All INS score levels combined and level of satisfaction	60	.12	.34	2.6*
Head Nurses and Supervisors				
INS scores and satisfaction scores	21	.05	.23	1.0

* Significant at the 5 per cent level or above.

[a] Orderlies omitted.

the hospital influences the relationship, supervisory personnel deriving satisfaction from their hospital authority rather than professional prestige.

When the association between the images of nursing and job satisfaction is analyzed for high, middle and low categories on the favorableness of the image, significant relationships are found in the middle category only; this is true of both general-duty nurses ($r^2 = 31$ per cent), and of "other" nursing personnel ($r^2 = 28$ per cent). Favorableness of the image is associated with satisfaction until a point of relatively high or relatively low favorableness is reached, when job satisfaction is no longer associated with the image of nursing.

For "other" hospital personnel there is a low, significant relationship between job satisfaction and image of nursing ($r^2 = .12$). Middle-success range scores again are most highly correlated with satisfaction, as they were for general-duty nurses. But in contrast, there is no significant correlation between satisfaction and favorableness of the occupational image for head nurses and supervisors, suggesting that the abstract occupational image has less impact on satisfaction when tenure and achievement have increased the commitment to the organization (perhaps even to the extent that the alternative of leaving the occupation has been abandoned). At that point in the career, self-conception may be more closely dependent on rewards achieved *within* the occupation than on the relative status of the occcupation with reference to other occupations. Self-conception may, in fact, become more dependent on the reward system in the local hospital and less dependent on the abstract ideal professional standards as commitment to the organization and rewards derived from its increase.

Occupational Image and Success

Consider first success ratings.

Hypothesis V: General-duty nurses who have a highly favorable image of nursing are more likely to be rated successful than are general-duty nurses with a less favorable image.

Again, the hypothesis is not supported when success rating is used (Table 17). There is no significant difference between mean

TABLE 17—Mean Favorableness of the Image of Nursing Scores among General-Duty Nurses, by Level of Success

Level of Success	N	Mean[a]	Variance	Tests of Significance (*High vs. Low*)
High-success nurses	16	48.34	41.7	$t = 0.71$ (NS)
Middle-success nurses	24	50.03		
Low-success nurses	10	50.10	35.2	$f = 1.20$ (NS)

[a] High score indicates high favorableness.

image-of-nursing scores of high- and low-success nurses, nor is there a significant difference in the variances in their attitudes. Similarly, when the correlation between success scores of general-duty nurses and their total occupational image scores are considered, there is no relationship (Table 18). Among general-duty nurses no significant

TABLE 18—Linear Correlation between Success Rating Scores and Image of Nursing Scores for General-Duty Nurses, All Levels of Success

Level of Success	N	r^2	r	t
All Levels	50	.017	.13	0.93 (NS)

relationship appears between favorableness of the image of nursing and success ratings received from head nurses and supervisors.

However, there may be a relationship between the level of success *achieved* (i.e., the official position held) and favorableness of the image of nursing. Considering a static view of the organization, it is expected that personnel currently occupying different positions are likely to experience different amounts of correspondence between their (a) ambitions and (b) occupational norms and values. While the occupational image may influence motivation to achieve a certain status in the organization, once that status has been achieved, it is, in itself, likely to affect the favorableness of the occupational image and self-esteem.

It is therefore proposed that the perceived correspondence between ambitions and these norms is probably influenced by at least three factors:

1. Persons with different types of career ambitions are likely to be attracted to different positions in the organization. Persons who have high ambitions and a highly favorable attitude toward the organization are perhaps more likely to achieve.

2. Persons in different positions in the hierarchy of the occupation are likely to *experience* the occupational norms and values differently. Persons in higher ranking levels of the hierarchy receive more rewards and perhaps have a more favorable image of the occupation.

3. Persons who have varying contacts with the occupation are likely to have different knowledge of the occupation. Knowledge of an occupation is assumed to increase with the rate of interaction with members of the occupation. Self-conception is partially dependent on one's relationship to others: high rates of interaction with members of a high-status occupation will increase that occupation's influence on the total self-image. Thus to the extent that knowledge of an occupation increases identification with it, that knowledge is also expected to increase the favorableness of the occupational image.

For the purpose of testing the foregoing, ambitions may be assumed to vary randomly; then the following hypothesis can be derived from the second and third propositions.

Hypothesis VI: Favorableness of the image of an occupation is positively associated with the amount of interaction with members of that occupation, and to the rewards achieved in it.

A person's interaction with nurses is based on the expectations that he has of them. It is important, however, to notice that these expectations also involve *self*-expectations as well as expectations of nurses. When persons consistently compare themselves to an occupation in this way, they will become more dependent on that occupation in describing their self-expectations or self-conceptions. When the occupation has high status, increased reference to it for self-conception is expected to increase the favorableness of the image of the occupation.

Specifically, then, it is hypothesized that the image of nursing will be favorable in the degree to which holders of it are (1) involved in the occupation, and (2) have higher rank in the occupation. But what is to be expected of persons identified with the occupation, yet outside of it, as seems to be the dilemma of the student nurse? In this case, it is hypothesized that the student, in the process of learning a new self-conception, will have had relatively

more recent and dramatic contact with the *ideal* professional standards which provide a favorable impression of the profession, than employed nursing personnel who have had more opportunity to gain insight into the actual nursing situation. Some initial knowledge of abstract rules and values is a prerequisite for social action, and since all the rules cannot be learned at once and completely, the initial impression must be a stereotype of an image from which specific rules may be derived. Furthermore, training schools are partially isolated from reality and act as guardians of the professional ideals. In this sense, experience is a process of refining abstract ideal standards of conduct to fit variations and exceptions applicable in particular situations. This modification of ideals may increase doubt and disappointment with the original image among more experienced personnel, compared to students.

From these formulations the following is expected.

Hypothesis VIA:

(1) Head nurses have more favorable attitudes than general-duty nurses or than "other" hospital personnel.

(2) General-duty nurses have more favorable attitudes than "other" hospital personnel.

(3) Student nurses have more favorable attitudes than head nurses, general-duty nurses, or "other" hospital personnel.

(4) Interns have less favorable attitudes than head nurses, general-duty nurses, "other" hospital personnel, or students.

The hypotheses are confirmed in three of the four cases (Table 19). Head nurses have a significantly more favorable view of their vocation than do their subordinates, general-duty nurses, and "other" hospital personnel; general-duty nurses have significantly more favorable attitudes than their subordinates, "other" hospital personnel; and student nurses have significantly more favorable attitudes than head nurses, general-duty nurses, or "other" hospital personnel and interns; interns, however, have an unexpectedly favorable image compared to "other" personnel.

Interns are completely outside the profession although in frequent association with it. The fact that they are novitiates in an occupation of higher status complicates the analysis. Interns express

significantly more favorable attitudes than do "other" hospital personnel, yet not quite as favorable as general-duty nurses. This last finding does not completely confirm the hypothesis. The fact that "other" hospital personnel have less favorable attitudes than interns suggests that low rank in an occupation depresses attitudes toward that occupation below the attitudes of persons at the bottom rung of a higher status occupation. As a general proposition, it is pro-

TABLE 19—Mean Favorableness of Image of Nursing Scores among Hospital Personnel, by Official Position

Official Position	N	Mean[a]	Variance
Head Nurse and Supervisor	23	52.30	15.84
General-Duty Nurse	52	50.22	18.75
"Other" Hospital Personnel	64	45.17	28.05
Student Nurse	406	55.71	16.91
Intern	17	48.47	14.37

Comparison by Official Position	Critical Ratio
Head Nurse more favorable than Graduate Staff Nurse	2.00*
General-Duty Nurse more favorable than "Other" Personnel	6.93**
Student Nurse more favorable than Head Nurse	3.98**
Student Nurse more favorable than Graduate Staff Nurse	9.58**
Student Nurse more favorable than "Other" Personnel	20.00**
Student Nurse more favorable than Intern	7.13**
Intern more favorable than "Other" Personnel	3.14**
Intern *(not)* more favorable than General-Duty Nurse	1.51

[a] High score indicates high favorableness.
* Significant at the 5 per cent level.
** Significant at the 1 per cent level.

posed that the relative favorableness expressed by persons in a higher status occupation toward a subordinate occupation varies inversely with (1) status difference between the occupations, and (2) difference between the relative internal rankings of the personnel making evaluations in the two systems being compared. Images of an occupation held by two occupational groups tend to correspond as one simultaneously moves up the hierarchy of the subordinate occupation and down the hierarchy of the superordinate occupation; they tend to diverge in the reverse order. Low-ranking members of a high-status occupation will tend to have an equal or less favorable image toward the subordinate occupation, compared to high-ranking members of the occupation being evaluated, but a more favorable one than persons ranking low in the occu-

pation that is being evaluated. This hypothesis is based on the assumption that favorableness of image is, in part, inversely related to the degree of "status threat" which the occupation poses for members of the other occupation. Presumably, physicians would have a higher opinion of nursing than would social workers, and resident physicians would be more favorable than interns. Furthermore, the difference between resident and "other" personnel would also be greater than between resident and head nurse.

Elements of the Image of Nursing and Official Position: Item Analysis—Since there are significant differences in the image of nursing between nursing and medical personnel, it will be fruitful to examine their respective specific attitudes. An item analysis of each statement in the Image of Nursing Scale for general-duty nurses, head nurses, and "other" hospital personnel, interns, and student nurses is reported (Table 20). The personnel differ significantly on 17 of the scale items. General-duty nurses are the most favorable on 2 of the 17 items and least favorable on 2 items; head nurses are most favorable on 3 items, least favorable on 1; "other" personnel are most favorable on 2 and least favorable on 11 items; interns are most favorable on 1 item and least favorable on 2; students are most favorable on 9 items and least favorable on only 1 item. In general, then, students (who are aspiring to the vocational image), and, to a lesser extent, head nurses (who have already achieved recognition in the vocation) are most frequently favorable, while "other" personnel (who are in subordinate positions) are usually the least favorable—low position seems to depress the image.

The various categories of personnel take similar positions on four items (Items 13, 20, 21, 8): (1) they are nearly equally undecided if post-graduate nurses have financial independence because there are always opportunities for full- or part-time employment (Item 13); (2) they range between "disagree" and "undecided" about whether the education required to become a nurse costs less than that for most women's occupations (Item 20); (3) they disagree relatively strongly that nurses must take and follow orders more than other employed women (Item 21); and (4) they strongly disagree that nurses are more highly educated than other women professionals (Item 8).

TABLE 20—Analysis of Variance for Items on the Image of Nursing Scale (INS), Hospital Personnel, by Official Position

Item[b]	General Duty Nurses (N=52)	Head Nurses (N=23)	"Other" Personnel (N=64)	Interns (N=17)	Student Nurses (N=405)	F Ratio of Variance (df=561)
			Item Mean[a]			
1. Nursing gives one a chance to take an ideal amount of responsibility. (Q–3)	1.17	1.17	1.06	1.82 (MF)	1.02 (LF)	4.87*
2. Because of the unusual working hours and other restrictions, nurses have relatively few chances to meet new and interesting people. (Q–5)	2.82	2.48	1.80 (LF)	2.94	3.23 (MF)	32.63*
3. Nurses, on the average, are more intelligent than women in most other professions. (Q–6)	1.05	0.91 (LF)	1.53	1.29	1.90 (MF)	10.35*
4. There are many other occupations for women which provide greater financial independence than nursing. (Q–8)	1.17 (LF)	1.61	1.91 (MF)	1.59	1.30	6.91*
5. The nursing profession is respected more than most other professions open for women. (Q–9)	2.33	2.35	1.91 (LF)	2.53	2.79 (MF)	14.78*
6. The total cost to the student for nurse's training is quite high. (Q–10)	2.53 (MF)	2.26	1.94	1.65 (LF)	2.30	3.58*
7. More than any other occupation for women, nursing provides opportunities for worthwhile service to humanity. (Q–11)	2.65	3.17 (MF)	2.06 (LF)	2.59	3.16	21.65*
8. Nurses are more highly educated than women in other professions. (Q–12)	1.67	1.30	1.95	1.29	1.72	2.02
9. Generally speaking, nursing is an occupation chosen by girls who wouldn't be able to make satisfactory grades in college. (Q–14)	3.48	3.39	2.02 (LF)	3.06	3.73 (MF)	85.54*
10. Nursing provides an excellent opportunity to put one's religious beliefs into practice. (Q–16)	2.84 (MF)	2.36	2.03	1.29 (LF)	2.58	18.09*
11. The period of time required for graduation from a school of nursing is quite reasonable. (Q–17)	2.92	3.04 (MF)	2.05 (LF)	2.65	3.00	37.66*

TABLE 20—Continued

Item[b]	General Duty Nurses (N=52)	Head Nurses (N=23)	"Other" Personnel (N=64)	Interns (N=17)	Student Nurses (N=405)	F Ratio of Variance (df=561)
			Item Mean[a]			
12. Nursing provides an excellent preparation for marriage and family life. (Q–18)	3.32	3.43	2.05 (LF)	2.94	3.71 (MF)	91.36*
13. Most nurses can have financial independence because there are always opportunities for either full- or part-time work. (Q–20)	2.98	3.22	3.12	3.06	3.19	2.11
14. Most of the tasks which a nurse performs are pleasant and interesting. (Q–21)	2.70	3.09 (MF)	2.00 (LF)	2.41	2.80	15.53*
15. Nurses aren't really so very important in relieving suffering and helping the sick to regain health. (Q–25)	3.42	3.48	2.03 (LF)	3.23	3.64 (MF)	59.92*
16. Many schools of nursing supervise and restrict the social life of their girls too much. (Q–26)	1.62 (LF)	2.22	2.30 (MF)	1.88	2.16	4.58*
17. Many nurses are required to take too much responsibility on the job. (Q–27)	2.20	2.52	2.14 (LF)	2.47	2.60 (MF)	6.64*
18. Nursing gives one a chance to meet and associate with many interesting persons. (Q–29)	3.05	3.00	2.06 (LF)	2.88	3.37 (MF)	34.10*
19. Actually, many of the tasks which a nurse does could be done by someone else with much less education and skill. (Q–30)	1.62	1.70	1.42 (LF)	1.68	2.21 (MF)	5.68*
20. The education required to become a nurse costs less than that for most other women's occupations. (Q–31)	2.33	2.30	2.69	2.53	2.28	1.38
21. Nurses must take and follow orders more than other employed women. (Q–32)	1.67	1.78	1.86	1.82	1.78	0.31

* Significant at the 1 per cent level.
[a] High Mean consistently indicates high favorable attitude toward nursing.
[b] The number in parentheses following each statement is the number of the item in the questionnaire (Appendix I).
(MF) indicates most favorable score on the item where there is a significant difference.
(LF) indicates least favorable score on the item where there is a significant difference.

Occupational Rewards and Level of Professional Achievement

Hypothesis VIB: Personnel of different official rank perceive differential advantages in nursing.

Student nurses again have the most favorable attitude on 5 of the 6 Image of Nursing Questionnaire items pertaining to either authority or prestige in the profession (Items 3, 5, 9, 17 and 19), and they are least favorable on only one (Item 1), (Table 21). Furthermore, neither head nurses nor general staff nurses express the most favorable attitudes on any of the items, and each group expresses the least favorable attitude on one of them.

TABLE 21—Rank Order in Which Hospital Personnel Evaluate Nursing on Type of Occupational Advantage Described by Selected Items of the Image of Nursing Questionnaire

Occupational Advantage	Item Number	General-Duty Nurses	Head Nurses	"Other" Personnel	Interns	Student Nurses
				Rank Order		
	1	2.5	2.5	4	1	5
	17	4	2	5	3	1
Authority	3	4	5	2	3	1
and	5	4	3	5	2	1
Prestige	19	4	2	5	3	1
	9	2	3	5	4	1
	13	4	3	2	5	1
	2	4	3	2	5	1
	11	3	1	5	4	2
Practical	12	3	2	5	4	1
Advantages	14	2.5	1	5	4	2.5
	16	5	2	1	4	3
	18	2	3	5	4	1
Financial	4	5	2	1	3	4
Advantages	6	1	3	4	5	2
Opportunities	7	3	4	1	2	5
for	10	3	1	4	5	2
Service	15	3	2	5	4	1

Occupation of Personnel and Levels of Professional Achievement—On those more pragmatic items pertaining to personal welfare and finances (Items 13, 2, 11, 12, 14, 16, 18, 4 and 6); the significant pattern concerns "other" hospital personnel who express the least favorable attitudes on 4 of the items, rank 4th and 2nd on 2 others,

and are the most favorable on only 2 of the items (Table 21). Comparing head nurses and general-duty nurses, general-duty nurses (with the exceptions of 2 items) rank 3rd or lower among the 5 categories of hospital personnel as to favorableness of attitudes, while head nurses, with no exceptions, rank 3rd or higher. Student nurses once again express more favorable views on the items pertaining to personal welfare and finances more often than any other single category of personnel.

On items about serving humanity (Items 7, 10 and 15), general-duty nurses consistently take the median stand (3rd) in favorableness, while the high and low degrees of favorableness seem to be randomly distributed throughout the other categories of personnel.

To summarize, a relatively high self-esteem on the part of student nurses is reflected in the data. However, if their attitudes are compared with the attitudes of general-duty nurses, students seem to be doomed to disillusionment after they themselves become full-time staff nurses, especially with respect to expectations about authority and prestige rewards from the profession. Compared to student nurses, who have a relatively high image of nursing on the average, the image that general-duty nurses hold seems to be especially low; they express the most favorable attitude on only one of the 21 statements (they disagree that the cost of training is high). Head nurses have only a somewhat better image of nursing, having ranked first in favorableness on only three of the 21 items.

SUMMARY

The hypotheses concerning *satisfaction* tend to be supported with some exceptions. For general-duty nurses, there is a low but significant relation between satisfaction, and (a) role consensus and (b) favorableness of the image of nursing, although the results do not indicate similar relationships for head nurses. Satisfaction is related to success as inferred from official position in the organization, but not as inferred from evaluations by superiors.

Results of tests of the hypotheses regarding success and image of nursing are less consistent. Success as inferred from evaluations of superiors is not associated with favorableness of the image of nursing as a profession, while success as inferred from official position

is so associated; among employed personnel, there is a direct association between official rank and favorableness of image, while students have the high mean image. Interns, as a low-ranking position in a high-status occupation, represent a special case.

CHAPTER V

SUMMARY AND CONCLUSIONS

SATISFACTION WITH NURSING

This chapter summarizes conclusions regarding the proposition that satisfaction and success in a vocation are, in part, consequences of the participant's (1) consensus (agreement) with his superiors about his duties, and (2) favorable, rather than unfavorable, image (view) of the occupation. Some theoretical and practical implications are also explored.

Role consensus of student of general-duty nurses with superiors is positively associated with their satisfaction. Student nurses expressing low consensus with their instructors are less satisfied with their educational experience than are those expressing high consensus; about 45 per cent of the variation between high and low student nurse satisfaction is accounted for by variation on role consensus. This association is higher for the middle-success group than for the high- or low-success groups. Therefore, role consensus is more important for producing satisfaction among average, than among either the most or least successful students. There is also a significant, though lower, positive association between role consensus of general-duty nurses with supervisors and their level of job satisfaction; when all success levels are combined, 13 per cent of the variation is explained. This evidence is consistent with the hypothesis that low consensus on role definitions leads to ambiguity of self-conception, and that this in turn reduces satisfaction derived from nursing.

The *image of nursing* is also positively associated with satisfaction. Among students there is a significant relationship between favorableness of the nursing image and expressed level of satisfaction with educational experience. While the relationship is relatively low when all student nurses are considered together ($r^2 = .15$), it is high for the middle-success students ($r^2 = .66$), like the association between consensus and satisfaction. It is speculated that an "average" rating is relatively ambiguous, leaving such persons to

derive satisfaction from their rating of the occupation rather than from their rank in it; high-success personnel derive satisfaction from their prestige within the occupation, while low-success personnel probably derive satisfaction from neither image nor success.

Favorableness of the image of nursing is also positively associated with the job satisfaction of general-duty nurses and "other" hospital personnel ($r^2 = .12$). However, there is not a significant linear association among head nurses. Apparently, favorableness of the image of nursing has different consequences for satisfaction among different ranks of personnel. This provides some evidence that by the time they reach the supervisory level, personnel no longer derive their satisfaction from their occupational prestige outside the hospital, having achieved formal success within the occupation.

High-success student nurses are significantly more satisfied with their educational experience than are low-success students, however not significantly more so than middle-success students. By contrast, there is no significant difference in the mean satisfaction levels of high-success and low-success general-duty nurses, although there is a significant difference in their variances; high-success nurses have a more consistent level of satisfaction. When rank in the hospital is used to estimate level of success, head nurses are significantly more satisfied than either general-duty nurses or "other" hospital personnel, but there is no difference between general-duty nurses and "other" hospital personnel. Again, this suggests that the job satisfaction of supervisory personnel is derived from their formal positions.

SUCCESS IN NURSING

Mean *role consensus* between student nurses and their superiors is not significantly associated with level of rated success. Similarly, there is not a significant relationship between role consensus and level of rated success among general-duty nurses. On the other hand, high-success students express attitudes suggesting low identification with hospital officials and high identification with the ideal professional standards which transcend the particular hospital.

Among student nurses, the *image of nursing* is associated with level of success, but not in the way expected. Middle-success students have an image of nursing which is slightly, but significantly, less

favorable than that held by either high-success or low-success students. While no significant relationship was observed between image of nursing and success of general-duty nurses as rated by superiors, when rank in the hospital is used as an index of success, it is associated with favorableness of the image of nursing.

Finally, when the relationship between satisfaction and success is considered, high-success students express significantly greater satisfaction with their educational experience than do low-success students. Rated level of success and job satisfaction are not associated among general-duty nurses, but there is evidence of a positive association as rank in the organization increases. (Refer to Table 22 for a brief summary).

INTERPRETATIONS AND CONCLUSIONS

It would be presumptuous to attempt an explanation of all the consistencies and inconsistencies between the original hypotheses and the findings at this point of theoretical development. Much of the evidence is in the expected direction. Certainly, a refinement of those promising theoretical statements explored in this report would be a large task in itself. Nevertheless, to ignore negative or unexpected evidence is to ignore a basic part of the process of theory construction. Therefore, an attempt to organize the data that were inconsistent with the hypotheses into a systematic interpretation follows.

Variations between Categories of Personnel

Job success as evaluated by superiors does not appear to have the same meaning for general-duty and for student nurses. The perceived opinions of superiors can have an important impact on the behavior of *students*, since superiors represent important symbols of official recognition in the educational system where promotion from freshmen to senior is little more than a systematic consequence of tenure. The student is clearly a person of unproven work ability whose survival in the system depends more on the evaluations that superiors place on her potential than on her own achievement on the job. Evaluation by superiors *is* the major source of official recognition for students. Of course, to the extent that evaluations are

TABLE 22—A Summary of Statistical Significance of Tests of Hypotheses: Student Nurses and Hospital Station Personnel

Hypotheses	Significance of Statistical Tests	
	Student Nurses	Hospital Station Personnel
I. Level of satisfaction with job or educational experience is associated with:		
1. Role Consensus		
Total	Yes ($r = .66$)	Yes ($r = .37$)
High Success	No	No
Middle Success	Yes ($r = .52$)	No
Low Success	No	No
2. Position on RCI Items	X	Yes: on 22 items No consistent pattern observed
3. Image of Nursing		
Total	Yes ($r = .38$)	Yes* ($r = .45$)
High Success	No	X
Middle Success	Yes ($r = .81$)	X
Low Success	No	X
High INS Scores	X	No
Middle INS Scores	X	Yes ($r = .56$)
Low INS Scores	X	No
4. Level of Rated Success	Yes ($Cr = 2.68$)	No
5. Rank		
Head Nurse vs. Nurse	X	Yes ($Cr = 2.71$)
Head Nurse vs. "Other"	X	Yes ($Cr = 2.18$)
Nurses vs. "Other"	X	No
II. Level of rated success is associated with:		
1. Role Consensus		
Total	No	No
High Success	No	No
Middle Success	No	No
Low Success	No	No
2. Position on RCI Items	Yes: 10 of 88 items Pattern consistent with expectation	Yes: on 11 items No consistent pattern observed
3. Image of Nursing		
High vs. Low Success	No	No
High vs. Middle Success	No	No
Middle vs. Low Success	Yes ($Cr = 1.70$)	No
4. Position on INS Items	Yes: on 5 of 21 items Pattern consistent with expectation	X

TABLE 22—Continued

Hypotheses	Significance of Statistical Tests	
	Student Nurses	Hospital Station Personnel
5. Vocational Comparisons	Yes: on 8 of 21 items Pattern not consistent	X
III. Rank is associated with:		
1. Image of Nursing	X	Yes: Persons with higher ratio tend to be more favorable
2. Position on INS Items	X	Yes: F ratios of measures of variances significant on 19 of 21 items

X = not tested.

* Subtotals:
"Other" Personnel—significant ($r = .12$).
Head Nurses—not significant.
Nurses and "Other" Personnel—significant ($r = .33$).
Nurses, "Other" Personnel, and Head Nurses—not significant.

based on "objective" tests, superiors' opinions are not entirely subjective, but the point is that the rewards *are* the opinions of superiors. However, for general-duty nurses, evaluations of superiors, which constitute only one form of recognition, are not the officially sanctioned symbols. For the general-duty nurse, the official symbol of recognition probably is based largely on rank in the organization, formal and informal.

This line of reasoning would account for some of the inconsistencies between student and general-duty nurses on the success variable, where rated level of success is more important for students than for general-duty nurses. But, more importantly, this analysis points to a fundamental distinction between students and graduates—that is, the fact that graduate (general-duty) nurses occupy an *office* in the official structure of the hospital, while students do not. While students are in contact with the hospital through clinical experience, they nevertheless occupy only a vaguely defined position in the hospital structure. Not only are their rights more vaguely defined than those of general-duty nurses, but their obligations are less clearly specified; for example, often it is not clear to them when they are students and when they are employees. In short, while

they have a general "status" in the educational and medical institutions, their specific "office" in the official structure is not clearly specified.

This means that the image which students have of the office of general-duty nurse is perhaps more optimistic than that held among graduates. Because of their relatively temporary status, stresses are more likely to be oriented to the future, a future defined by their image of nursing. Their behavior and attitudes are likely to be more conditioned by their image of a potential professional identity than are those of graduates. Consequently, the image of nursing is expected to have more impact on success and satisfaction for students than for graduates. Furthermore, as a category, students are perhaps less likely to know *who* they are, or are to become; consequently, consensus is also expected to have more impact on success and satisfaction for students than for graduates.

Unanticipated Findings

The analysis of the data on student nurses reveals one consistent trend which was not entirely anticipated: i.e., the tendency for the middle-success students to respond differently from both high- and low-success student nurses. While the theory correctly anticipated that high-success students are more satisfied than low-success students, it did not systematically account for the reason why high-success and middle-success students are equally satisfied. A modification of the theory to allow for these findings is attempted below.

Since no significant difference was found on role consensus with superiors between levels of success, it cannot be assumed that *role consensus* with superiors in any way accounts for the satisfaction level of middle-success students. (An analysis of consensus for students with the peer group is unfortunately not available). However, middle-success students have a significantly less favorable image of nursing than do either high-success or low-success students (Chapter III, Table 6). Also, there is a relatively high correlation between favorableness of the image of nursing and satisfaction for the middle, but for neither high- nor low-success students (Chapter III, Table 5). The attitudes of the middle-success students are examined in more detail below.

First, concerning mean positions of middle-success and high-success students on the 83 statements of the Student Nurse Role Conception Inventory, it appeared to the authors that middle-success students frequently express higher agreement than do high-success students with statements endorsing dependence on and loyalty to supervisors, which suggests that middle-success students tend to be less critical and more conforming than high-success students. For example, of the 83 statements, 47 seemed to pertain to student responsibility, critical attitudes toward superiors, and conformity to the peer group and to superior group norms. Middle-success students express strongest attitudes toward conformity, dependence upon superiors and peers, and lower initiative on 40 of these 47 statements (there appears to be no differences on five of the statements; two are in the contrary direction).

This suggests that middle-success students more than those at either extreme tend to conform to *peer* group as well as superior group standards. This finding complements the original thesis that *high*-success students are more deviant from peer group norms than are middle- or low-success students. Attitudes toward conformity probably have an influence on success, aspirations to achieve success, and favorableness towards the experience. The social support derived from conformity to the peer and superior groups may be a way of compensating for what would otherwise seem to be an ambiguous occupational self-conception. In this way, "being average" tends to legitimize the self-conception and the level of ambition for the middle-success group, while both high-success and low-success statuses imply a certain deviation from peer group standards which may often threaten the self-conceptions. Therefore, to the extent that being average supports their self-conception, the satisfaction with educational experience expressed by middle-success students is more likely to be due to identification with superiors and peers than with the "profession," as is the case for high-success and low-success students. In other words, they can have a lower image of the profession than high-success students and yet be no less satisfied with their work experiences, because, for them, job satisfaction is derived from identification with the local work group and conformity with peers rather than with the profession. Nevertheless, to the extent that they

do identify with the profession, they are more satisfied. This will explain why high-success students have a more favorable image of the occupation than middle-success students, and yet are not more satisfied. Ambitions of high-success students *are* rewarded in terms of the occupation, yet they are not *sufficiently* concretely rewarded (being rated as "high-success" by superiors is not equivalent to being promoted to head nurse).

In summary, middle-success students may derive sufficient job satisfaction from approbation by the peer group, their supervisors, or other relations in the hospitals which are relatively independent of the standards of the professional self-conception, while high-success students tend to derive more job satisfaction from identifying with the abstract professional norms and values. It is because high-success students do identify more with the profession that they have a more favorable image of the nursing profession, but despite their success they are not more satisfied. At the same time, middle-success students get at least some satisfaction from identifying with their superiors and the support derived from personal relationships with superiors and the peer group. High-success student nurses may be at least partially denied such support by the fact of being more successful.

If the middle-success nursing students are conformists, it should be expected that they are concerned about agreeing with other members of the peer group and with their superiors. This could explain the relationship between consensus and satisfaction which is highest for the middle-success students (Table 22). If they are concerned about maintaining consensus with superiors, they will be more highly satisfied when there is high consensus. The foregoing speculations suggest the following hypothesis:

> *Student nurses who are rated as middle-success by superiors are more likely than students who are rated as either high or low on success, to identify with the peer group and official superiors rather than the abstract professional standards.*

CONCLUSIONS

While the level of success in nursing is related to job satisfaction under some conditions, success itself may be less important than the

amount of threat to the established self-conception. When the level of success is important, it appears to be so because it is an index of the amount of social support for the role definition. Failure seriously threatens the established self-conception, while "average" success imparts a kind of legitimacy, ambiguous though it may be in some respects. Also, favorableness of the nursing image is related to level of job satisfaction. But again, the level of success is a complicating factor, and middle-success students who have a favorable image are more satisfied. It is tentatively proposed that one type of legitimation for self-conceptions and role definitions is derived from the support of "average" or "middle" success status, which is one way of being a "good guy" in the peer group. Finally, low consensus on role definition is related to low job satisfaction, perhaps because social expectations of colleagues and supervisors are related to the self-conception. It is suggested that low consensus results in ambiguity of self-conception, which in turn produces dissatisfaction.

In short, job satisfaction seems to be related to role consensus in terms of (1) the amount of social support for the self-conception, and (2) the clarity and consistency of role definition. Level of success and favorableness of image of nursing are important in so far as they threaten the legitimacy and clarity of self-conception. But it is lack of clarity of the role definition and lack of social support for the self-conception which are of importance in producing dissatisfaction, not necessarily the conflict between supervisors and nursing personnel, *per se*. Disagreements with supervisors need not lead to dissatisfaction, provided the nursing personnel already have clear expectations of their rights and obligations.

Whether success requires internationalization of norms of the superior group is questionable. But, the self-conception of those who are evaluated as middle success is probably quite different from that of those evaluated as high or low success. This fact has implications for a general theory of motivation. The resolution of an ambiguous self-conception may lead to extreme forms of role enactment in an attempt to define and justify a clearer self-conception. Justification may be derived from either conformity to group standards (prestige), or from personal acceptance by work group members (popularity). But which of the alternative sources of self-

support will be followed remains problematic. It is speculated that most persons will accept the superiors' evaluation and consequently derive their identify from popularity in the work group. If the subordinate does not, however, accept his superiors' "average" evaluation, this inconsistency, coupled as it is with an ambiguous status, will probably motivate that person to "prove" himself in terms of the official standards. In any event, when an ambiguous status is accompanied by inconsistent evaluations, the consequence is likely to be dissatisfaction with the status quo, and identification in terms of prestige rather than popularity.

PRACTICAL IMPLICATIONS

By increasing communication and clarifying lines of authority, consensus about the nurse's job might be increased. This is one way to increase job satisfaction. Another way is to increase the favorableness of the image of the profession, not only through use of propaganda, but also by actually making clearly specified revisions in the nurse's duties, authority, and responsibilities.

However, while job satisfaction and rated success were considered here to be of personal importance to nursing personnel, nowhere was it suggested that job satisfaction increases the organization's efficiency or productiveness. The relationship between personal satisfaction and the success and effectiveness of the organized hospital remains problematic. In fact, the possibility should be considered that some degree of dissatisfaction and disagreement among personnel is a requirement for flexibility and innovation necessary for long-term success of the organization.

APPENDICES

APPENDIX I

IMAGE OF NURSING QUESTIONNAIRE

Name:.....

NURSING AS A VOCATION

Directions: Following is a list of statements about nursing. You will probably agree with some of the statements and disagree with others. There are no right answers. Just indicate how *you feel* about each statement by *underscoring* as in the example.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Example: A nurse's uniform should be clean	SA	A	U	D	SD
1. The subjects a nurse is required to study are fairly easy	SA	A	U	D	SD
2. The social standing of nurses is no higher than office girls	SA	A	U	D	SD
*3. Nursing gives one a chance to take an ideal amount of responsibility	SA	A	U	D	SD
4. In general, nurses are required to do many unpleasant tasks	SA	A	U	D	SD
*5. Because of the unusual working hours and other restrictions, nurses have relatively few chances to meet new and interesting people	SA	A	U	D	SD
*6. Nurses, on the average, are more intelligent than women in most other professions	SA	A	U	D	SD
7. Many nurses tend to be more concerned with getting paid than with the care of their patients	SA	A	U	D	SD
*8. There are many other occupations for women which provide greater financial independence than nursing	SA	A	U	D	SD
*9. The nursing profession is respected more than most professions open to women					
*10. The total cost to the student for nurse's training is quite high	SA	A	U	D	SD
*11. More than any other occupation for women, nursing provides opportunities for worthwhile service to humanity	SA	A	U	D	SD
*12. Nurses are more highly educated than women in other professions	SA	A	U	D	SD
13. A girl who goes into nursing has a good opportunity to find a highly desirable husband	SA	A	U	D	SD
*14. Generally speaking, nursing is an occupation chosen mostly by girls who wouldn't be able to make satisfactory grades in college	SA	A	U	D	SD

* The starred items are the 21 items used for the Image of Nursing Scale.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
15. The income received by nurses is above the aver-ave for employed women	SA	A	U	D	SD
*16. Nursing provides an excellent opportunity to put one's religious beliefs into practice	SA	A	U	D	SD
*17. The period of time required for graduation from a school of nursing is quite reasonable	SA	A	U	D	SD
*18. Nursing provides an excellent preparation for marriage and family life	SA	A	U	D	SD
19. The work ordinarily required of a nurse is no more exhausting than that in most other occupations for women	SA	A	U	D	SD
*20. Most nurses can have financial independence because there are always opportunities for full or part-time work	SA	A	U	D	SD
*21. Most of the tasks which a nurse performs are pleasant and interesting	SA	A	U	D	SD
22. Most of the knowledge and skills which a nurse has are so technical that it is of little use to her in her home	SA	A	U	D	SD
23. The work in nursing is often physically exhausting	SA	A	U	D	SD
24. In their work, nurses are more independent and self-directing than women in most other professions	SA	A	U	D	SD
*25. Nurses aren't really so very important in relieving suffering and helping the sick to regain health	SA	A	U	D	SD
*26. Many schools of nursing supervise and restrict the social life of their girls too much	SA	A	U	D	SD
*27. Many nurses are required to take too much responsibility on the job	SA	A	U	D	SD
28. The pay received by most nurses is reasonable and satisfactory	SA	A	U	D	SD
*29. Nursing gives one a chance to meet and associate with many interesting persons	SA	A	U	D	SD
*30. Actually, many of the tasks which a nurse does could be done by someone else with much less education and skill	SA	A	U	D	SD
*31. The education required to become a nurse costs less than that for most other women's occupations	SA	A	U	D	SD
*32. Nurses must take and follow orders more than other employed women	SA	A	U	D	SD

* The starred items are the 21 items used for the Image of Nursing Scale.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
33. Nursing is a real challenge because of the great amount of skill required	SA	A	U	D	SD
34. Nursing offers few opportunities to take responsibility	SA	A	U	D	SD
35. The time spent in receiving an education for nursing is longer than it would need to be	SA	A	U	D	SD
36. The subject matter nurses are required to learn is more difficult than it would need to be for the work they do	SA	A	U	D	SD

APPENDIX II

COMPARING VOCATIONS QUESTIONNAIRE

Nursing (N) Teaching school (T), and Secretarial work (S) are probably the occupations most open to women. In the following section, please compare these vocations. Indicate which vocation you think is best in each case by *underlining the appropriate abbreviation*. If you can't decide, circle "U" for "undecided." Give only one answer to each question, but don't skip any.

Which occupation do you believe:	Nursing	Teaching	Secretary	Undecided
1. Gives one the best chance for security?	N	T	S	U
2. Provides the greatest opportunity for planning one's own work on the job?	N	T	S	U
3. Provides the greatest financial rewards?	N	T	S	U
4. Provides the greatest variety of work activity on the job?	N	T	S	U
5. Involves the shortest period of education beyond high school?	N	T	S	U
6. Is best as preparation for marriage and family living?	N	T	S	U
7. Provides the best opportunities for meeting a potential husband?	N	T	S	U
8. Provides the most opportunities for part-time employment?	N	T	S	U
9. Gives one the greatest amount of prestige?	N	T	S	U
10. Provides the best opportunity for putting one's religious beliefs into practice?	N	T	S	U
11. Offers the largest number of occasions to meet new and interesting people?	N	T	S	U
12. Gives the best opportunity to hold positions of authority?	N	T	S	U
13. Involves the least restrictions on social life during preparation period?	N	T	S	U
14. Requires the greatest amount of educational preparation?	N	T	S	U
15. Gives best opportunity for a woman to supplement her husband's income?	N	T	S	U
16. Is most highly respected by the public?	N	T	S	U
17. Gives one the most opportunities to serve humanity?	N	T	S	U
18. Is most scientific in knowledge required or skills used?	N	T	S	U
19. Has the least expensive program for preparation?	N	T	S	U
20. Requires the greatest amount of intelligence?	N	T	S	U
21. Provides the greatest opportunity to have responsibility?	N	T	S	U
22. Offers a service most needed by society?	N	T	S	U
23. Gives one the greatest opportunity to experience the gratitude of others?	N	T	S	U
24. Involves the least difficult subjects in the preparation period?	N	T	S	U
25. Involves the largest number of pleasant tasks?	N	T	S	U

APPENDIX III

HOSPITAL STATION ROLE—CONCEPTION INVENTORY

(for Hospital Station Personnel)

Date.....; Hospital.....

Your Name.....; Position.....

Age.....; Marital Status.....; Religious Affiliation.....

*Are you considering a change to some other line of work or study? .....Yes; .....No.

*Have you recommended nursing education to any of your friends? .....Yes; .....No.

*Regarding your plans for the future, do you:

.....A. Plan mostly to use nursing to supplement husband's income?
.....B. Plan to make a career of hospital nursing?
.....C. Plan to make a career teaching nursing education?
.....D. Plan to make a career in nursing administration?
.....E. Plan to stop nursing when you marry?
.....F. Have plans different from any of the above or are undecided?

*Was or is your nursing education in:

.....Collegiate school of nursing,
.....Hospital school of nursing

How long have you been connected with this hospital?.....years; .....months.

*How long have you been working on this station? .....years; .....months.

*Are you now seeking a new job or transfer? .....Yes; .....No.

*Since working here have you turned down any opportunity for other employment paying as much or more? .....Yes; .....No.

INSTRUCTIONS

Following is a list of statements about hospital activity. You will probably agree with some of the statements and disagree with others. There are no right or wrong answers. Just indicate how you *feel* about each statement by *underlining* as in the example.

SA—strongly agree; A—agree; U—undecided; D—disagree; SD—strongly disagree.

Example: A nurse should always be kind and cheerful. SA A U D SD

If you find an item that clearly does not apply to your station or hospital, draw a circle around the number of the item and do not bother to answer it.

If you find an item that you feel unable to answer because you have no information about that subject, kindly draw a line across the answer column for that item; e.g.—~~SA A U D SD~~.

If you read an item and feel that under many circumstances you would agree with that statement but that under just as many other circumstances you would disagree with it, you should *underline* "U" for "Undecided."

* These questions were not included in the separate face sheet for the doctors' copy of the RCI. In all other respects, it is identical.

SECTION 1

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
	1. If it is the considered opinion of the head nurse or station supervisor that not enough is being done to help a patient recover, she should tell the doctor about it at the first opportunity.....	SA	A	U	D	SD
	2. If a student nurse discovers any unpleasant situation existing between the head nurse or ward charge and general-duty nurses, she should let the other student nurses know about it as soon as possible.....	SA	A	U	D	SD
	3. In the event of an "unusual incident or error" the head nurse or ward charge, after discussing it with the nurses or aides involved, should allow them to make out any written report that might be necessary.....	SA	A	U	D	SD
A	4. The station supervisor should avoid frequent informal chats with the aides and licensed practical nurses	SA	A	U	D	SD
	5. Occasionally doctors use abusive language in talking to nurses. All such behavior is strictly out of order and nurses have a right to resent it.	SA	A	U	D	SD
	6. When an aide is not busy she should stay near the station or ward desk so as to be readily accessible	SA	A	U	D	SD
A	7. Nurses and aides should not discuss patients among themselves in a light and joking manner.	SA	A	U	D	SD
	8. Other things being equal, a general-duty nurse with a collegiate training has the right to expect faster advancement than a nurse who graduates from a three-year diploma course.....	SA	A	U	D	SD
	9. A doctor should never criticize the head nurse or ward charge while in the presence of student nurses	SA	A	U	D	SD
	10. When an aide is asked by a patient for some treatment or medication, she should relay the request to the appropriate nurse without commenting on whether or not she thinks the request should be granted.....	SA	A	U	D	SD
A	11. The licensed practical nurse should seldom, if ever, make attempts to teach nursing techniques to student nurses.....	SA	A	U	D	SD
	12. If a general-duty nurse knows of some new or better technique to be used in nursing care, she should feel free to go ahead and try it without first asking the head nurse or ward charge.....	SA	A	U	D	SD

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
13. If a nurse observes that the doctor has been too blunt in telling the patient about his illness and has thus upset the patient, she should attempt to improve the situation after the doctor has gone by giving the patient her own explanation about the illness	SA	A	U	D	SD
A 14. If she has spare time, a student nurse, licensed practical nurse, or a general-duty nurse should help an aide with her work if the aide has been making good use of her time	SA	A	U	D	SD
15. The station secretary (ward clerk) may assist in giving medications if asked to do so by the head nurse or station supervisor	SA	A	U	D	SD
A 16. Occasionally one general-duty nurse will notice another general-duty nurse or a licensed practical nurse, who has worked there for months, violating a minor hospital rule or policy. When that happens, the first nurse should tactfully point out the infraction to the second nurse	SA	A	U	D	SD
17. In the event that a student nurse fails to chart a medication, and consequently the medication is repeated, the head nurse or ward charge should require the student nurse who made the error to contact the doctor and explain	SA	A	U	D	SD
18. On the occasions when the doctor feels he doesn't really need a nurse with him on rounds, he should so inform the nurse	SA	A	U	D	SD
19. An aide who notices another aide violating a policy or rule involving the welfare of patients should go and talk to her about it	SA	A	U	D	SD
20. If a station supervisor can't "sell" her idea for a change in procedure to the nursing personnel and aides, she should not force them to try it	SA	A	U	D	SD
A 21. A licensed practical nurse may discontinue an IV and remove the apparatus upon the request of a general-duty nurse or the head nurse	SA	A	U	D	SD
22. When the doctor is finished with the patient's charts, he should put them back in the chart box or cabinet in their proper position	SA	A	U	D	SD
A 23. Licensed practical nurses and aides should "stick together" when either is mistreated by registered nurses	SA	A	U	D	SD
24. The most important activity of a general-duty nurse is the teaching of student nurses	SA	A	U	D	SD

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
25.	If the station supervisor observes policy infractions on her station(s) or ward(s), she should talk to the personnel involved immediately.....	SA	A	U	D	SD
A 26.	If a doctor frequently tells shady or "off color" jokes around the nurses and aides, it is the head nurse's responsibility to tactfully ask him to refrain from such behavior.....	SA	A	U	D	SD
A 27.	In planning the work schedule, other factors being equal, the general-duty nurse should be given preference for desirable hours and duties over the licensed practical nurse.....	SA	A	U	D	SD
28.	If a student nurse learns something about the private life of the head nurse or ward charge and feels the other student nurses ought to know about it for their own good, she should tell them about it.....	SA	A	U	D	SD
29.	The station supervisor should make it a point to memorize the names of all the aides working under her direction so that on appropriate occasions she can speak to them by name (e.g., "Good morning, Miss ————").....	SA	A	U	D	SD
30.	The nurse has a right to expect the doctor to fill out his own laboratory request slips.....	SA	A	U	D	SD
31.	If a nurse asks an aide to perform a task, which the Nursing Manual does not permit an aide to do, she has the right to refuse to do it.....	SA	A	U	D	SD
32.	A station supervisor should be able to demonstrate with skill the latest and best in techniques and care.....	SA	A	U	D	SD
A 33.	If a visitor complains to a nurse about the care his friend or relative is receiving, the nurse should attempt to handle the complaint herself rather than refer the visitor to the station supervisor or head nurse.....	SA	A	U	D	SD
34.	Under no circumstances should the student nurse "look down" on an aide.....	SA	A	U	D	SD
35.	The head nurse or ward charge should have complete responsibility for evaluating the nurses and aides on her station.....	SA	A	U	D	SD
36.	Under normal staffing conditions, the general-duty nurse should help the aide serve food trays	SA	A	U	D	SD
A 37.	If a student nurse shows signs of "looking down on" a licensed practical nurse, the licensed practical nurse has a right to resent it.....	SA	A	U	D	SD

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
38. When in doubt about making out an order or other similar tasks, the station secretary (ward clerk) should always wait until she can check with the head nurse or station supervisor.....	SA	A	U	D	SD
39. When a general-duty nurse is unsure of the proper procedure in a given case, she should check with a more experienced general-duty nurse	SA	A	U	D	SD
40. The student nurse should follow the orders of the head nurse or ward charge she is working for, even if some of them conflict with what she has been taught to do by the clinical instructor.	SA	A	U	D	SD
41. If the doctor gives a verbal order to a graduate staff nurse for some treatment or medication, she has a right to politely ignore it until the order has been written in the proper place.....	SA	A	U	D	SD
42. An aide should attempt to work at the same general speed that the other aides do rather than work at a very fast pace and thus make the other aides "look bad" by comparison.....	SA	A	U	D	SD
A 43. In working with registered nurses, a licensed practical nurse should constantly be trying to learn about medications so that some time in the future she will be able to administer them herself.	SA	A	U	D	SD
A 44. If a general-duty nurse observes a student nurse, who has worked there for months, violating a very important hospital rule or policy, she should *not* mention it to the head nurse or station supervisor	SA	A	U	D	SD
45. A head nurse or ward charge should be able to make decisions about nursing activity and procedures in full confidence that she will always receive the support of the station supervisor in the event any decision is criticized.....	SA	A	U	D	SD
A 46. When an important order has not been carried out, the doctor has a right to reprimand the head nurse.....	SA	A	U	D	SD
B 47. At times when an orderly is not busy he should stay in the vicinity of the station desk.....	SA	A	U	D	SD
B 48. The station supervisor should avoid frequent informal chats with aides and orderlies.....	SA	A	U	D	SD

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
B 49. In so far as the type of work allows, an aide should help an orderly finish his work if she has any spare time	SA	A	U	D	SD
B 50. If she has spare time, a student nurse or general-duty nurse should help an aide with her work if the aide has been making good use of her time	SA	A	U	D	SD
B 51. Occasionally one general-duty nurse will notice another general-duty nurse, who has worked there for months, violating a minor hospital rule or policy. When that happens, the first nurse should tactfully point out the infraction to the second nurse	SA	A	U	D	SD
B 52. When an orderly is behind in his work, the general-duty nurses and student nurses ought to offer to help him with his work	SA	A	U	D	SD
B 53. If a doctor frequently tells shady or "off color" jokes around the nurses and aides, it is the station supervisor's responsibility to tactfully ask him to refrain from such behavior	SA	A	U	D	SD
B 54. Only the station supervisor should be involved in the writing of the evaluation or proficiency reports on orderlies	SA	A	U	D	SD
B 55. If a general-duty nurse observes a student nurse, who has worked there for months, violating a very important hospital rule or policy, she should not mention it to the ward charge or station supervisor	SA	A	U	D	SD
B 56. When an important order has not been carried out, the doctor has a right to reprimand the station supervisor	SA	A	U	D	SD
F 57. A student nurse should always consult with the team leader before she discontinues a treatment at the request of a patient	SA	A	U	D	SD
F 58. In the team approach, the general-duty nurse should "fall over backwards" to see to it that the other team members do not feel they are getting the "raw end of the deal"	SA	A	U	D	SD
F 59. An aide should respond to the requests of a licensed practical nurse in the same way she would for a general-duty nurse	SA	A	U	D	SD
F 60. When a team leader has some team problems she wants some advice on, she should always go to the head nurse first before discussing them with anyone else	SA	A	U	D	SD

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
F 61. In making out her assignments, the team leader should give lighter work loads to the less experienced members of the team	SA	A	U	D	SD
F 62. When there is still a difference of opinion regarding some aspect of patient care after extended discussion in a team conference, the matter should be settled by a majority vote	SA	A	P	D	SD
F 63. A team leader making assignments when there are students in the group should consider the learning needs of each student	SA	A	U	D	SD
F 64. A student nurse has more responsibility to help and assist a classmate on the station than to help other student nurses	SA	A	U	D	SD
F 65. In the event one of the doctors on his rounds unwittingly loses one of the pieces of equipment of a station, the head nurse should report this to the supervisor	SA	A	U	D	SD
F 66. When a general-duty nurse who is usually a team leader recognizes, after months of discussion with the head nurse, that some of her basic ideas about team nursing are still at odds with those held by the head nurse, she should either accept the opinions held by the head nurse or ask to be transferred to another station	SA	A	U	D	SD
F 67. In arriving at decisions regarding patient care in a team conference, the opinion of a licensed practical nurse should carry as much weight as that of anyone else	SA	A	U	D	SD
F 68. If there are no personal objections, doctors and nurses ought to feel free to call each other by first names	SA	A	U	D	SD
F 69. If a team leader regularly fails to write up care programs discussed at team conferences, the other team members should speak to her about it at the team conference	SA	A	U	D	SD
F 70. When a student nurse is a team leader, she should be careful not to offend general-duty nurses by appearing to give them orders or supervising their work closely	SA	A	U	D	SD
F 71. The primary responsibility of a team leader is to serve as a teacher to the student nurses on her team	SA	A	U	D	SD

SECTION 2

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
	1. If one student nurse observes another student nurse using some procedure which the first student nurse feels is not for the good of the patient, she should tactfully express her misgivings to the second student nurse	SA	A	U	D	SD
A	2. When a licensed practical nurse feels that an aide is frequently doing "less than her fair share of the work" she should tactfully talk to the aide about it	SA	A	U	D	SD
	3. Any serious emergency or error should immediately be reported to the head nurse before it is reported to anyone else	SA	A	U	D	SD
	4. If a general-duty nurse or head nurse or ward charge is criticized by the resident doctor for a procedure which she carried out at the order of the intern, she should not attempt to excuse herself by pointing out that the intern ordered it but should just indicate that she is sorry the mistake was made	SA	A	U	D	SD
	5. Even general-duty nurses should have supervision by the head nurse and the station supervisor in regard to their techniques	SA	A	U	D	SD
	6. According to the rules, some orders for medication are supposed to be signed by a resident physician—the signature of the intern is not acceptable. When the resident physician has failed to sign such an order but it has been signed by the intern, the head nurse or ward charge should go ahead and administer the medication if she is confident the resident will sign the order when he again comes to the station	SA	A	U	D	SD
	7. Even though the student nurse has not yet graduated, an aide should treat the student nurse with the same respect and admiration that she gives to the registered nurse	SA	A	U	D	SD
	8. The head nurse or ward charge should be able to skillfully demonstrate the latest and best in nursing techniques and care	SA	A	U	D	SD
	9. A general-duty nurse should make every effort to teach the aides on her station how to observe and report patient symptoms	SA	A	U	D	SD
A	10. When the evaluation of a student nurse's work on the station is made up, the licensed practical nurse should be included among those making the evaluation	SA	A	U	D	SD

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
	11. In many situations, it is all right for the station secretary (ward clerk) to act as a sort of "second in command" to the head nurse	SA	A	U	D	SD
	12. When not in the presence of patients, nurses should feel free to call each other by the first name	SA	A	U	D	SD
	13. If a student nurse observes a general-duty nurse using some procedure which the student nurse feels is not for the good of the patient, she should feel free to tactfully mention the situation to the head nurse	SA	A	U	D	SD
	14. When a resident or an intern first starts working a new station he should make no effort to change the prevailing customs and procedures	SA	A	U	D	SD
	15. If an aide learns something about the personal life of one of her patients, she should never tell the other aides about it	SA	A	U	D	SD
A	16. When it is convenient for the head nurse or a general-duty nurse, she should take a little time to teach a licensed practical nurse who is interested something about medications and how to administer them	SA	A	U	D	SD
	17. A doctor should not discuss patients in a joking manner with the nurses	SA	A	U	D	SD
A	18. The general-duty nurse (rather than the licensed practical nurse) should always take the more difficult nursing cases for herself	SA	A	U	D	SD
A	19. Aides have a right to resent it when licensed practical nurses tend to "look down" on them	SA	A	U	D	SD
	20. The head nurse or ward charge ought to act as an "information pipeline" to the station supervisor	SA	A	U	D	SD
	21. When a doctor breaks the smoking regulations (e.g., smoking on the station) the head nurse or station supervisor should tell him of his infraction	SA	A	U	D	SD
	22. A student nurse, who observes another student nurse acting improperly towards a patient, should inform the head nurse or ward charge of this action	SA	A	U	D	SD
A	23. The station supervisor should see to it that the schedule of work hours is completed and approved at least one week in advance	SA	A	U	D	SD

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
	24. It is the duty of a student nurse to help teach another student nurse working with her or near her of any special techniques or knowledge which she has learned	SA	A	U	D	SD
	25. The head nurse or ward charge should see to it that the size of the work load for each person is in direct proportion to his or her ability	SA	A	U	D	SD
	26. If a patient complains to the doctor about the nursing he is receiving, the doctor should go directly to the member of the nursing staff whom the complaint concerns	SA	A	U	D	SD
	27. The station supervisor should avoid becoming "too friendly" with the nurses, aides, and orderlies working under her	SA	A	U	D	SD
	28. An aide should be just as willing to carry out the suggestions and requests of a student nurse as she would for a general-duty nurse	SA	A	U	D	SD
	29. Nursing personnel, aides, and orderlies should leave all matters of policy making to the supervisor and head nurse or ward charge	SA	A	U	D	SD
A	30. The student nurse should be willing to learn nursing care from all the other members of the station she is working on including licensed practical nurses who have had many years of experience in nursing	SA	A	U	D	SD
	31. Before an aide gives special care to a patient, this care should be demonstrated to the aide by a general-duty nurse with whom she is working	SA	A	U	D	SD
	32. The station secretary (ward clerk) should pass along to the head nurse or station supervisor all the "inside information" she gets about people and activity on the station	SA	A	U	D	SD
	33. When a general-duty nurse has completed all of her normal tasks, she should offer to help one of the other general-duty nurses rather than just "take it easy"	SA	A	U	D	SD
A	34. A general-duty nurse should make every effort to teach the licensed practical nurses on her station how to observe and report patient symptoms.	SA	A	U	D	SD
	35. Every resident physician has a right to require that his patients be cared for in the unique way he prefers regardless of how it differs from what is required by other residents	SA	A	U	D	SD

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
	36. The head nurse or ward charge should never criticize a station supervisor in front of other members of the nursing staff even when the supervisor is not present	SA	A	U	D	SD
A	37. The aide should treat the licensed practical nurse with the same respect and admiration that she gives to the registered nurse	SA	A	U	D	SD
	38. Occasionally, an aide will have a "favorite" or "pet" among the patients. When that is the case, the other aides should be careful not to appear to be competing with that aide for the affection and attention of the patient	SA	A	U	D	SD
	39. When there is a sharp difference of opinion over some big issue between the station supervisor and the nurses on a ward, the head nurse or ward charge should support the opinion of the supervisor regardless of her own personal feelings	SA	A	U	D	SD
B	40. The doctor should tell at least the station supervisor what he thinks about the quality of nursing care his patients are receiving (i.e., he should point it out when the care is inadequate and compliment when it is good)	SA	A	U	D	SD
	41. If one student nurse observes another student nurse using some procedure which the first student nurse feels is not for the good of the patient, she should simply keep the matter to herself and not report the incident to anyone	SA	A	U	D	SD
	42. If the nurses on a station or ward want to adopt some new or different technique or procedure, the head nurse or ward charge should judge it on its own merits regardless of whether it violates the rule book or not	SA	A	U	D	SD
	43. A student nurse should *not* go on rounds with a doctor when no one else is free to do so, even if the doctor requests her to accompany him	SA	A	U	D	SD
	44. If a general-duty nurse discovers there is a very unpleasant situation existing between her head nurse or ward charge and one or more other nurses, she should tactfully report it to the station supervisor	SA	A	U	D	SD
	45. If a visitor appears to be disturbing or upsetting a patient, the nurse or aide observing this should report it to the head nurse or ward charge rather than handle the situation herself	SA	A	U	D	SD

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
46. A general-duty nurse should be able to count on the other general-duty nurses to keep her informed concerning the "interesting news" around the hospital.....	SA	A	U	D	SD
47. Occasionally a station secretary (ward clerk) will be asked by the head nurse or station supervisor to perform some task which is urgent and before she can complete it a graduate staff nurse makes a similar request for some other urgent task. When this happens, the station secretary (ward clerk) should always first finish the task for the head nurse or station supervisor and then do the other.....	SA	A	U	D	SD
48. Occasionally when a doctor is with a patient and no nurses or aides are present, the patient may request an emesis basin. In such a case, the doctor should simply take care of the situation himself without calling a nurse or an aide.....	SA	A	U	D	SD
49. If an aide knows that other aides frequently eat some of the food left over from the patients' trays rather than returning it to the kitchen, she should warn them that they are breaking the rules.....	SA	A	U	D	SD
B 50. Orderlies usually perform tasks that require as much training and skill as those performed by aides. Aides are usually called by their last name. When he is on the station, the orderly should also be called by his last name.....	SA	A	U	D	SD
B 51. The general-duty nurse should always take the more difficult nursing care cases for herself.....	SA	A	U	D	SD
B 52. Frequently when an orderly returns from an errand (e.g., delivering blood to the lab) he discovers that he must repeat the trip within a few minutes. The station supervisor should carefully plan these deliveries in such a way that the number of trips for the orderly are minimized.....	SA	A	U	D	SD
B 53. Frequently a nurse or an aide will ask an orderly to lift a patient from the bed to a wheel chair. When such a request is made, the nurse or aide should see to it that all the necessary items (robes, slippers, wheel chair, etc.) are ready and waiting before asking the orderly....	SA	A	U	D	SD
B 54. When an orderly is very busy with urgent tasks on a ward, the station supervisor should refrain from asking him to run errands.....	SA	A	U	D	SD

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
B 55. An orderly should be treated with as much consideration and respect as a student nurse.....	SA	A	U	D	SD
B 56. Occasionally a general-duty nurse, student nurse, or an aide feels she needs the assistance of an orderly when he is busy. In such a situation, she should not bother the orderly unless there is no other solution to the problem.....	SA	A	U	D	SD
F 57. The doctor has a right to expect the nurse or nurses at the desk to have his charts all ready and waiting for him when he comes (under normal conditions).....	SA	A	U	D	SD
F 58. If the head nurse notices that a team is not functioning as smoothly as she thinks it ought to be, she should wait until the team leader brings up the subject rather than taking the initiative.....	SA	A	U	D	SD
F 59. Under normal conditions, the doctor has a right to expect the graduate nurse to start an intravenous	SA	A	U	D	SD
F 60. The team leader should make assignments for the following day immediately after the team conference	SA	A	U	D	SD
F 61. General-duty nurses should treat the team leader with complete respect and sincerity regardless of who is team leader (e.g., even if the team leader is a licensed practical nurse).....	SA	A	U	D	SD
F 62. The head nurse should see to it that the schedule of work hours is completed and approved at least one week in advance.....	SA	A	U	D	SD
F 63. After the team leader has made the work assignments for the team, the head nurse should not interfere even if she feels that some of the aides or student nurses are not properly qualified to handle the patients given to them.....	SA	A	U	D	SD
F 64. If an aide is called away from her duties to assist in another area, the team leader should delegate the aide's patients to others rather than wait until the afternoon so that the aide may finish her assignment.....	SA	A	U	D	SD
F 65. A general-duty nurse should never criticize a team leader in front of the other members of her team	SA	A	U	D	SD
F 66. In arriving at decisions regarding patient care in a team conference, the opinion of an aide should carry as much weight as that of anyone else....	SA	A	U	D	SD

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
F	67. The head nurse should speak to any team leader who fails to regularly hold team meetings and plan care programs for patients	SA	A	U	D	SD
F	68. If a general-duty nurse asks an aide to use some procedure or perform some task that is contrary to her team leader's order, the aide should, without making an issue of it, tactfully ignore the general-duty nurse's request	SA	A	U	D	SD

SECTION 3

	1. If the station supervisor hears reports about personnel problems among the general-duty nurses and student nurses on a ward, she should not approach the head nurse or ward charge about it but should wait for the head nurse to bring up the subject	SA	A	U	D	SD
A	2. When a head nurse is repeatedly dissatisfied with the work of an intern or resident, even after having tactfully discussed the problems with him, she should report the situation to his immediate superior	SA	A	U	D	SD
	3. A student nurse should always get information on situations she is not certain about from a general-duty nurse or her team leader and not from other student nurses	SA	A	U	D	SD
A	4. If a student nurse observes a licensed practical nurse using some procedure which the student nurse feels is not for the good of the patient, she should tactfully express her misgivings to the licensed practical nurse	SA	A	U	D	SD
	5. The station supervisor should avoid giving orders directly to nurses and aides but rather should work through the head nurse or ward charge	SA	A	U	D	SD
A	6. Student nurses, licensed practical nurses, and general-duty nurses should help aides with their work if they have any time to spare	SA	A	U	D	SD
A	7. When a general-duty nurse or a licensed practical nurse notices a personnel problem existing among the other nurses on her ward, she should talk to the head nurse about it at her earliest convenience	SA	A	U	D	SD

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
A	8. A licensed practical nurse may administer sterile compresses to a patient provided that she is directed by a general-duty nurse in charge of the patient	SA	A	U	D	SD
A	9. The head nurse should consider it a part of her job to help the station secretary (ward clerk) obtain some knowledge and understanding of nursing care and procedures so she can better understand her place in the station	SA	A	U	D	SD
	10. A general-duty nurse should be just as friendly and intimate with nurses who graduated from other schools of nursing as with those who are fellow graduates of her school of nursing	SA	A	U	D	SD
	11. Aides should "stick together" when they feel they are getting the "raw end of the deal"	SA	U	A	D	SD
	12. In speaking to a nurse, a doctor should never call her simply "nurse"	SA	A	U	D	SD
A	13. A general-duty nurse should not criticize the actions of another general-duty nurse or the head nurse in front of student nurses, even when the person being criticized is not present	SA	A	U	D	SD
	14. A station supervisor should have frequent, planned conferences with her ward charges or head nurse(s) so that they will become accustomed to discussing problems with her	SA	A	U	D	SD
A	15. If a general-duty nurse feels another general-duty nurse is taking advantage of student nurses or licensed practical nurses by shifting her responsibilities to them, she should talk to the student nurses and licensed practical nurses and inform them of the proper action to take	SA	A	U	D	SD
A	16. With respect to discharging patients, the head nurse should feel free to tell the doctor when she feels a patient is ready to be discharged and to suggest the reverse when she feels a patient is not ready to leave	SA	A	U	D	SD
	17. If a student nurse makes a small error which another student nurse notices, the second student should bring it to her attention but not carry it any further	SA	A	U	D	SD
	18. When a nurse or an aide feels that she is consistently not getting a "fair break" from the head nurse or ward charge, she should discuss the situation with the station supervisor	SA	A	U	D	SD

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
A 19.	When aides have completed their tasks, they should see if there is something they can do to help the nurses	SA	A	U	D	SD
20.	If a general-duty nurse observes another general-duty nurse acting improperly towards a patient, she should inform the head nurse or ward charge of the situation	SA	A	U	D	SD
21.	Since there are occasions when the station secretary (ward clerk) would be of real value in administering patient care (e.g., emergencies and personnel shortages), the head nurse should see to it that she takes part in report or circle and other similar learning situations	SA	A	U	D	SD
22.	A good nurse or aide should not permit herself to become part of a clique; i.e., she should treat the other nurses and aides on the station in an equally friendly manner	SA	A	U	D	SD
23.	An experienced aide has the right to instruct a new aide	SA	A	U	D	SD
A 24.	A general-duty nurse or a licensed practical nurse should not criticize the actions of a doctor in front of student nurses, even when the doctor is not present	SA	A	U	D	SD
25.	When a station supervisor observes a head nurse or ward charge prescribing a type of care for a patient which she feels to be less efficient than an alternative, she should inform the head nurse or ward charge of that alternative	SA	A	U	D	SD
A 26.	A doctor should be sufficiently kind and sympathetic to student nurses and licensed practical nurses so that they will feel free to ask questions of the doctor and report to him observations they have made about the patient	SA	A	U	D	SD
A 27.	The head nurse should protect her nursing personnel from unfair demands made on their time by doctors	SA	A	U	D	SD
28.	When a student nurse who is not sure about the proper procedure in a situation asks another student nurse for advice, the other student should tell her the proper procedure if she knows it	SA	A	U	D	SD
A 29.	A senior student should have the privilege of making suggestions about better patient care to a licensed practical nurse	SA	A	U	D	SD

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
30.	Supervisors are often required to write evaluations or proficiency reports for the persons working under them. Usually they are required to discuss the report with the person being evaluated. If, in such a discussion, the subject explains to the station supervisor why a part of the report is not a fair evaluation, the station supervisor should rewrite the report before sending it in.....	SA	A	U	D	SD
31.	When an intern is caring for a critically ill patient and the patient's condition is growing steadily worse, the head nurse or ward charge should not wait for the intern to request it but should call the resident physician when *she* feels it is necessary to do so for the good of the patient.....	SA	A	U	D	SD
32.	Only the station secretary (ward clerk) should answer the telephone when she is at the desk..	SA	A	U	D	SD
A 33.	If a general-duty nurse observes another general-duty nurse, licensed practical nurse, or aide, who has worked there for months, violating a very important hospital rule or policy, she should *not* mention it to the head nurse or supervisor..	SA	A	U	D	SD
A 34.	When possible, an aide should relieve the licensed practical nurse of such tasks as the giving and removing of bed pans.....	SA	A	U	D	SD
35.	Except under very unusual circumstances, the nursing personnel have a right to expect the doctor(s) to finish rounds by a specified time every day.....	SA	A	U	D	SD
36.	When the station secretary (ward clerk) is away from the desk, she should *not* be expected to come back just to answer a ringing phone.....	SA	A	U	D	SD
37.	In order that a station supervisor may gain a more accurate picture of the nature of the relationship between her nursing personnel and their patients, she should frequently perform one or more of the tasks commonly done by aides (e.g., she should pass food trays and thereby be able to directly observe but not give the impression of doing so).....	SA	A	U	D	SD
38.	Occasionally when there is a difference of opinion about some procedure on the station, the head nurse or ward charge will use the rule book or policy manual to support her opinion.					

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Actually, she should insist that the rules be followed in detail at all times even if some of them do seem impractical or unnecessary.....	SA	A	U	D	SD
39. A student nurse should, in a kind and tactful manner, correct an aide if she feels the aide is incorrectly performing some of her duties.....	SA	A	U	D	SD
40. When the doctor gives a verbal order involving patient care, he has a right to expect a nurse to remind him to write it down before he leaves the floor.....	SA	A	U	D	SD
A 41. In those situations where the head nurse and the station secretary (ward clerk) work closely together, it is perfectly all right for each to call the other by her first name when they are alone at the desk.....	SA	A	U	D	SD
A 42. In the event a general-duty nurse observes any other general-duty nurse or a licensed practical nurse, who has worked there for months, violating a minor hospital rule or policy, she should *not* mention it to the head nurse or supervisor..	SA	A	U	D	SD
A 43. When a doctor is dissatisfied with any aspect of patient care, he should contact the head nurse rather than the persons actually giving the care..	SA	A	U	D	SD
44. Occasionally when a doctor is with a patient and no nurses are present the patient may request a bed pan. In such a case, the doctor should simply take care of the situation himself without calling for a nurse or an aide.....	SA	A	U	D	SD
45. A general-duty nurse should never question a doctor's orders for patient treatment and care unless she has very good reason to believe that carrying out the orders will be harmful for the patient.....	SA	A	U	D	SD
A 46. If a general-duty nurse observes another general-duty nurse or licensed practical nurse, who has worked there for months, violating a very important hospital rule or policy, it is her duty to tactfully point out the infraction to her.....	SA	A	U	D	SD
47. When a nurse is dissatisfied with a doctor's behavior on the station she has as much right to criticize him as he does to criticize her when she is in error.....	SA	A	U	D	SD
48. When the doctor who is responsible is very busy or unavailable, it is all right for an experienced Treatment Room Nurse to add the ordered medications to an intravenous solution.....	SA	A	U	D	SD

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
B 49. When a station supervisor is repeatedly dissatisfied with the work of an intern or resident, even after having tactfully discussed the problems with him, she should report the situation to his immediate superior	SA	A	U	D	SD
B 50. When a male patient asks a nurse or an aide for a bed pan she should notify the appropriate orderly immediately so he can take care of the request	SA	A	U	D	SD
B 51. Student nurses and general-duty nurses should help aides and orderlies with their work if they have any time to spare	SA	A	U	D	SD
B 52. When a general-duty nurse notices a personnel problem existing among the other nurses on her ward, she should talk to the ward charge about it at her earliest convenience	SA	A	U	D	SD
B 53. The station supervisor should consider it a part of her job to help the station secretary (ward clerk) obtain some knowledge and understanding of nursing care and procedures so she can better understand her place in the station.	SA	A	U	D	SD
B 54. A general-duty nurse should not criticize the actions of another general-duty nurse or the ward charge in front of student nurses, even when the person being criticized is not present.	SA	A	U	D	SD
B 55. If a general-duty nurse feels another general-duty nurse is taking advantage of student nurses by shifting her responsibilities to them, she should talk to the student nurses and inform them of the proper action to take	SA	A	U	D	SD
B 56. With respect to discharging patients, the station supervisor should feel free to tell the doctor when she feels a patient is ready to be discharged and to suggest the reverse when she feels a patient is not ready to leave	SA	A	U	D	SD
B 57. When orderlies and aides have completed their tasks, they should see if there is something they can do to help the student nurses or the registered nurses	SA	A	U	D	SD
B 58. A general-duty nurse, student nurse, or an aide should be as willing to help an orderly when he asks as he is to help her when she asks for assistance	SA	A	U	D	SD
B 59. A general-duty nurse should not criticize the actions of a doctor in front of student nurses, even when the doctor is not present	SA	A	U	D	SD

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
B 60. A doctor should be sufficiently kind and sympathetic to student nurses so that they will feel free to ask questions of the doctor and report to him observations they have made about the patient	SA	A	U	D	SD
B 61. When an orderly is not busy, he should see if there is anything he can do to assist the general-duty nurses, student nurses, and aides	SA	A	U	D	SD
B 62. Aides should be especially careful not to "give orders" to orderlies	SA	A	U	D	SD
B 63. The station supervisor should protect her nursing personnel from unfair demands made on their time by doctors	SA	A	U	D	SD
B 64. If a general-duty nurse observes another general-duty nurse or aide, who has worked there for months violating a very important hospital rule or policy she should not mention it to the ward charge or supervisor	SA	A	U	D	SD
B 65. In those situations where the station supervisor and the station secretary (ward clerk) work closely together, it is perfectly all right for each to call the other by her first name when they are alone at the desk	SA	A	U	D	SD
B 66. In the event a general-duty nurse observes any other general-duty nurse, who has worked there for months, violating a minor hospital rule or a policy, she should *not* mention it to the ward charge or supervisor	SA	A	U	D	SD
B 67. When a doctor is dissatisfied with any aspect of patient care, he should contact the supervisor rather than the persons actually giving the care.	SA	A	U	D	SD
B 68. If a general-duty nurse observes another general-duty nurse, who has worked there for months, violating a very important hospital rule or policy, it is her duty to tactfully point out the infraction to her	SA	A	U	D	SD
F 69. It is the duty of the team leader to notice when the aide has completed her assigned tasks and tell her about additional tasks if there are any..	SA	A	U	D	SD
F 70. A team leader should hold regular conferences and record information about each patient that the members of the team have learned in the course of their duties	SA	A	U	D	SD

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
F 71. A student nurse should always get information on situations she is not certain about from a general-duty nurse or her team leader and not from other student nurses	SA	A	U	D	SD
F 72. Whenever a serious nursing care problem arises in the team, the team leader should ask the head nurse to attend the team conferences	SA	A	U	D	SD
F 73. A team leader should feel responsible to explain the nature of a patient's illness to the aide in non-technical language which can be readily understood	SA	A	U	D	SD
F 74. A licensed practical nurse, who has worked with a certain group of patients, should try to assist a student nurse who is team leader in that group for the first time, by offering suggestions and giving her advice	SA	A	U	D	SD
F 75. When a student is acting as team leader, it is her prerogative to direct members of the team in certain activities contrary to the way a general-duty nurse would specify the performance of these same activities	SA	A	U	D	SD
F 76. If there is any reason why a team conference cannot be held, the team leader should take the matter up with the head nurse and at least arrange some sort of review of the patients	SA	A	U	D	SD
F 77. If a doctor asks a licensed practical nurse to perform some task which the rules prohibit her from doing, she should explain to the doctor why she can't carry out his orders rather than attempt to do as he asks	SA	A	U	D	SD
F 78. A team leader should take a lighter team load than the other members of the team since she also has other cares and responsibilities	SA	A	U	D	SD
F 79. If a critical patient's family or visitors are very concerned about his condition and ask the attending nurse or aide for information, she should refer them to the doctor	SA	A	U	D	SD
F 80. With the exception of unusual or emergency situations, a team leader should make all decisions necessary for the carrying on of her work without asking the head nurse for her opinion	SA	A	U	D	SD
F 81. If a general-duty nurse observes a general-duty nurse, licensed practical nurse or aide, who has worked here for months, violating a very important hospital rule or policy she should *not* mention it to the head nurse or supervisor	SA	A	U	D	SD

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
F 82. Any radical change in a patient's condition should just be reported to the team leader.....	SA	A	U	D	SD
F 83. Team conferences should include only members of the team and not the head nurse or supervisor	SA	A	U	D	SD
F 84. Where the team system is used, the head nurse should avoid giving orders directly to the nurses and aides, but rather should work through the team leader.....	SA	A	U	D	SD
F 85. If a general-duty nurse observes a general-duty nurse or licensed practical nurse, who has worked there for months, violating a minor hospital rule or policy, she should *not* mention it to the head nurse or supervisor.....	SA	A	U	D	SD
F 86. Under ordinary conditions, the team leader should not be expected to give baths.....	SA	A	U	D	SD
F 87. The head nurse has a right to expect the team leader to keep the aides working when there are tasks that need to be done.....	SA	A	U	D	SD

APPENDIX IV

STUDENT NURSE ROLE—CONCEPTION INVENTORY
(for Student Nurses Only)

Your Name..... Date.....
(please print)

School of Nursing..... Class..... Quarter.....

Check ($\surd$) the various services you have completed in your clinical work and *place an "N" in front of the service you are now on.*

.....Medical .....Neuro-Psychiatric .....Urology

.....Surgical .....Orthopedic .....Dermatology & ENT

List the name and position of each person who will write your proficiency report for your current clinical work.

Name of Person	*Her Position*
.....	.....
.....	.....
.....	.....

Kindly fill in the requested information concerning the persons you worked with *during the past seven days* (including today).

	Her Name	*Number of Days Worked with Her*
The two General Duty Nurses I worked most with the past week:	.....	.....
The two Student Nurses I worked most with the past week:	.....	.....
In the event that a team or group type organization is used on the station where you worked the past week, list the person who served as leader over the greater part of the week.	.....	.....

On which station are the persons listed above currently working?.....

On which station are you currently working?.....

How long have you worked on this station?.....

Out of the last seven days, how many days have you worked on the day shift?

.....

WHAT DO *YOU* THINK?

Following is a list of statements about activities and attitudes in nursing education. You will probably agree with some of the statements and disagree with others. THERE ARE NO RIGHT OR WRONG ANSWERS. Do NOT feel obligated to answer any item in a particular way just because it may happen to be the policy at your hospital or school of nursing. Rather, YOU

SHOULD INDICATE HOW YOU PERSONALLY FEEL ABOUT EACH STATEMENT. Indicate your response to each statement by underlining the appropriate abbreviation as is done in the example.

	SA	A	U	D	SD
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Example: A nurse should always be kind and cheerful	SA	A	U	D	SD
1. The relationship between a general-duty nurse and a student nurse should be comparable to that of an apprentice and a journeyman. That is, the student should recognize that she is inexperienced and is in the process of learning from the general-duty nurse.	SA	A	U	D	SD
2. In nursing education, the teacher in the classroom should attempt to carefully follow democratic procedure in conducting the class.....	SA	A	U	D	SD
3. If one student nurse hears another gossiping about people on the staff, she has no obligation to let the other student know she disapproves of such behavior	SA	A	U	D	SD
4. Under no circumstances should a student nurse talk disparagingly (critically) of a head nurse.....	SA	A	U	D	SD
5. If a student nurse needs to be disciplined by the clinical instructor, it should be done *only* in the privacy of an individual conference.....	SA	A	U	D	SD
6. The attitude of the student toward the general-duty nurse should not only include respect but, in general, a willingness to obey as well.....	SA	A	U	D	SD
7. When a particular technique of patient care is being taught in the classroom or demonstration and the student sees possible improvement, she should tactfully offer the suggestion at once.....	SA	A	U	D	SD
8. With respect to class work, a student who is bright and fast in her work should not be expected to help a fellow student who works more slowly.....	SA	A	U	D	SD
9. Creating new and better ways of patient care is primarily the responsibility of the clinical instructor and medical research and the student should not view it as one of her own major responsibilities....	SA	A	U	D	SD
10. After a student has had her orientation to a service and has worked there for a time, if she needs assistance in any phase of patient care she should contact the head nurse or team leader rather than try to contact the clinical instructor.....	SA	A	U	D	SD
11. If a student makes an error which another student notices, the second student should bring it to her attention but not carry it any further if she feels it an unimportant error.....	SA	A	U	D	SD

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
12. The student has the right to question the clinical instructor's procedure in the care of patients so long as she does it in what she considers to be the appropriate time and place	SA	A	D	U	SD
13. With respect to clinical work, if disciplining of a student is necessary, it should be done by the clinical instructor rather than the head nurse or a general-duty nurse	SA	A	U	D	SD
14. An instructor in giving grades on regular class work (not including ward classes) should take into account the quality of the student's work on the station	SA	A	U	D	SD
15. A student who makes an error in medications should be disciplined regardless of the cause of the error	SA	A	U	D	SD
16. A student nurse should be careful *not to appear* to "talk back" (justify her actions) to a general-duty nurse when she is criticized	SA	A	U	D	SD
17. The student has a right to resent criticism of her nursing care from other students	SA	A	U	D	SD
18. Unless the student requests further assistance, the clinical instructor should accompany a student nurse into a patient's room only on the first occasion when a new procedure is used	SA	A	U	D	SD
19. The student's ideas about any aspect of nursing should be given careful and thoughtful consideration by the general-duty nurse because they may include some excellent suggestions for improvement in the profession	SA	A	U	D	SD
20. In most classes in nursing education, the teacher should not spend more than about half the time giving lectures thus allowing plenty of time for classroom discussion	SA	A	U	D	SD
21. Except in cases of illness, a student who has not kept up with her class assignments has no right to go to another student for help	SA	A	U	D	SD
22. One of the most important activities of a general-duty nurse is the teaching of student nurses	SA	A	U	D	SD
23. The assignments a teacher gives should be planned so that the student does *not* need to spend more than a *total* of 40 hours per week in class, study, and clinical work	SA	A	U	D	SD
24. If a student finds herself in a situation where there have been long-standing differences about certain aspects of patient care between the head nurse					

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
and her clinical instructor, the student should give nursing care the way the head nurse wants it done even if it differs from what she is being taught by the clinical instructor	SA	A	U	D	SD
25. When a student nurse is caring for patients, the clinical instructor should feel free to repeatedly observe the work of the student as often as she feels so inclined	SA	A	U	D	SD
26. Basically the student nurse and general-duty nurse should consider each other co-equals so far as their nursing activities are concerned because while the student has less experience she does have the latest in knowledge and techniques	SA	A	U	D	SD
27. When a particular technique of patient care is taught, the student should never make changes or short-cuts	SA	A	U	D	SD
28. It is all right for students to work together to cover up an unimportant error of another student nurse	SA	A	U	D	SD
29. Occasionally a teacher who believes sincerely her knowledge is absolute law will reject any democratic discussion of related issues. Such a person is within her rights and therefore the student should not resent it	SA	A	U	D	SD
30. If a student discovers any unpleasant situation existing between the head nurse and the other nursing personnel, it is all right for her to tell the other students about it	SA	A	U	D	SD
31. If there is any doubt in the student's mind about a procedure, she should check with the clinical instructor, rather than someone else, before she proceeds	SA	A	U	D	SD
32. Because she has completed her training and has experience, the general-duty nurse has a right to expect respect from student nurses	SA	A	U	D	SD
33. For most subjects, the largest share of the time, the teacher ought to conduct the class by giving lectures and demonstrations rather than spend large blocks of time in class discussion	SA	A	U	D	SD
34. When involved in "on the floor" activities, a student should never call another student by her first name	SA	A	U	D	SD
35. A clinical instructor should give help to a student when the instructor thinks the student is unsure of herself rather than wait for the student to ask for assistance	SA	A	U	D	SD

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
36. Consider the following situation: A student who is consistently a very capable bedside nurse is making a failing grade in pharmacology. The teacher believes she has worked hard in the course but the grade is not quite high enough to be passing. In such a situation, the student should be given a passing grade, especially in light of the fact that she is such a good bedside nurse.....	SA	A	U	D	SD
37. Clinical instructors and teachers should be very careful not to expect too much from student nurses especially in the early stages of the nursing education program.....	SA	A	U	D	SD
38. During the class session, an instructor should answer completely questions that are irrelevant to the class material but within the larger field of nursing.	SA	A	U	D	SD
39. If one student observes another student using some procedure which the first student nurse feels is not for the good of the patient, she should tactfully express her misgivings to the second student.....	SA	A	U	D	SD
40. The clinical instructor should take the responsibility for seeing that students enter a particular service with a minimum of fear of contagion from patients	SA	A	U	D	SD
41. A student should be sure her procedures are absolutely correct before she proceeds.....	SA	A	U	D	SD
42. The head nurse should be able to skillfully demonstrate the latest and best in nursing technique and care	SA	A	U	D	SD
43. If a student has learned a technique of care well and sees a graduate of another school of nursing do it another way which seems more efficient, she should feel free to try the technique used by the other nurse for herself.....	SA	A	U	D	SD
44. As long as it is done at the appropriate time and place, the student nurse has a right to critically question any aspect of the procedure or technique used by a general-duty nurse.....	SA	A	U	D	SD
45. Students should be encouraged to carry on class discussion even if it takes up most of every class period.	SA	A	U	D	SD
46. Consider the following situation: A student nurse disagrees with her head nurse regarding how some procedure should be carried out. She feels that her own method is best because it has been more recently introduced into nursing. The head nurse					

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
had her training some 15 years ago and therefore prefers the old procedure. The two talk over the difference but the student nurse still feels she is right. *In such a situation,* the student nurse should follow her own preferred technique as much as possible without letting the head nurse know about it.	SA	A	U	D	SD
47. When she is off duty, the clinical instructor should maintain her position of social distance in contacts with students	SA	A	U	D	SD
48. When the primary teaching responsibility of the station rests with the clinical instructor, the student nurse should *always* turn to her first when she needs help or advice regarding patient care	SA	A	U	D	SD
49. When a student is acting as team or group leader, it is her privilege to direct the team activities in the way she feels is best even though it may be quite different, in part, from the way some of the general-duty nurses on that station direct the team when they are team leaders	SA	A	U	D	SD
50. Even though a student nurse may tend to feel that a certain criticism by a general-duty nurse, head nurse, or clinical instructor isn't really justified, she should willingly and gladly accept it remembering that such a person has much more knowledge and experience than she	SA	A	U	D	SD
51. Suppose a student feels, even after discussion, that her ideas on a particular matter are better than the ideas held by the teacher. It is all right for the student to continue to hold this different opinion so long as she doesn't express it and thus contradict the teacher	SA	A	U	D	SD
52. It is the duty of a student nurse to help teach another student working with her or near her any special techniques or knowledge which she has learned	SA	A	U	D	SD
53. On duty, the relationship between the student and the clinical instructor should be impersonal, similar to that of the student and the doctor	SA	A	U	D	SD
54. Any serious emergency or error should immediately be reported to the head nurse before it is reported to anyone else	SA	A	U	D	SD
55. Students have every right to be hesitant about contacting patients who have contagious diseases	SA	A	U	D	SD
56. When a student sees a general-duty nurse using poor technique and as a result contaminating sterile					

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
equipment, it is her responsibility to discuss the situation with the general-duty nurse.....	SA	A	U	D	SD
57. The student nurse has the right to express any disagreement she may have with the teacher regarding procedure for the care of patients.....	SA	A	U	D	SD
58. A student should always get information on situations she is not certain about from a general-duty nurse or her team leader rather than from other students	SA	A	U	D	SD
59. In the regularly scheduled personal conference with the student nurse, the clinical instructor should serve primarily as a friend and confidant, rather than as a teacher or administrative official.....	SA	A	U	D	SD
60. If a student nurse observes a general-duty nurse using some procedure which the student feels is not for the good of the patient, she should feel free to tactfully mention the situation to the head nurse...	SA	A	U	D	SD
61. A general-duty nurse should not criticize the actions of a doctor in front of student nurses, even when the doctor is not present.....	SA	A	U	D	SD
62. Students should try to learn to know their clinical instructors and teachers better by inviting them to student events, such as a student picnic.....	SA	A	U	D	SD
63. One student should act as a check on another student as to correctness of the procedures she is using.	SA	A	U	D	SD
64. Under most circumstances, a student who makes an error in medication should be "talked to" by the clinical instructor rather than the head nurse...	SA	U	A	D	SD
65. When a student feels that she is consistently not getting a "fair break" from the head nurse, she should report the situation to the clinical instructor.	SA	A	U	D	SD
66. During the regularly scheduled conference with the student nurse, the clinical instructor should deal primarily with work or study problems that relate directly to the nursing education experience.....	SA	A	U	D	SD
67. A student has a right to expect that the instructor will know almost all of the answers in the field of nursing that is her specialty.....	SA	A	U	D	SD
68. A good student should not permit herself to become part of a clique; i.e., she should treat the other nurses, aides and students on the station in an equally friendly manner.....	SA	A	U	D	SD
69. If a student needs help and the clinical instructor is *not* present, she should first turn to the group or					

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
team leader for help if such a system is used on the station	SA	A	U	D	SD
70. Students should not expect to be consulted regarding policy decisions which concern nursing care or nursing education practices	SA	A	U	D	SD
71. The regular conferences with the clinical instructor should provide an opportunity for the student to express doubts about procedure and suggest improvements	SA	A	U	D	SD
72. When in the presence of students, an instructor should never express honest doubt about any aspect of any subject in the field of nursing; i.e., if she feels that some theories and techniques being taught have certain questionable aspects about them she should not let the students know about it	SA	A	U	D	SD
73. When a student who is not sure about the proper procedure in some situation asks another student for advice, the other student should tactfully suggest to her that she should ask someone who is a graduate nurse	SA	A	U	D	SD
74. The clinical instructor should not criticize the student's work in the presence of others; it should only be done in the privacy of an individual conference	SA	A	U	D	SD
75. Even though the student nurse should feel a sense of responsibility for her patients, the general-duty nurse with whom she is working should recognize that the ultimate responsibility rests on the general-duty nurse herself	SA	A	U	D	SD
76. If the teacher or clinical instructor is asked a question and doesn't know the answer, she should frankly admit she doesn't know the answer and then suggest where the information may be found so the student can look it up for herself	SA	A	U	D	SD
77. A student who observes another student acting improperly towards a patient should inform the other student's head nurse (or team leader if the team system is used) of this action	SA	A	U	D	SD
78. General-duty nurses on a station who work repeatedly with the student nurses ought to be included among those making up the evaluation of a student nurse's clinical work	SA	A	U	D	SD
79. If one student observes another student using some procedure which the first student feels is not for the good of the patient, she should simply keep the					

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
matter to herself and not report the incident to anyone	SA	A	U	D	SD
80. If a general-duty nurse observes a student nurse who has worked at the hospital for months violating a hospital rule or policy, she should not feel obligated to mention it to the head nurse or clinical instructor	SA	A	U	D	SD
81. Off duty, the clinical instructor should be like a friend or big sister to the student	SA	A	U	D	SD
82. If a student nurse has good reason for "griping" about some situation involving class or clinical work, she may mention it to her closest friends among the student nurses	SA	A	U	D	SD
83. While the opinion of a clinical instructor, head nurse, and teacher should be respected regardless of how much the student nurse may disagree, yet the student nurse has just as much right to express her differing opinions also	SA	A	U	D	SD

APPENDIX V

PERFORMANCE RATING CHART FOR GENERAL-DUTY NURSES

Name..... Position..... Station..... Hospital.....

HOW SUCCESSFUL IS SHE?

Please list below in the left hand column the names of general-duty nurses who are currently working with you or under your supervision.

This part of the questionnaire calls for an evaluation of the nurses who have been working with you. Indicate *your personal evaluation of how successful each nurse* has been during the past week. For each person, whose name you have listed on the left side of the sheet, place an "X" in the appropriate columns to indicate the quality of her performance with respect to each of the areas listed below.

ON THE STATION

Name of General-Duty Nurse *(Please print last name first)*	Attitude Toward Others						Initiative in Her Work						Correctness of Procedures and Techniques					
	Excellent	Good	Fair	Poor	Failure	No Opportunity to Observe	Excellent	Good	Fair	Poor	Failure	No Opportunity to Observe	Excellent	Good	Fair	Poor	Failure	No Opportunity to Observe

APPENDIX VI

PERFORMANCE RATING CHART FOR NURSING STUDENTS

Your Name..... School of Nursing..... Course Title.....

HOW SUCCESSFUL IS SHE?

Please list below in the left hand column the names of student nurses who are currently studying with you.

This part of the questionnaire calls for an evaluation of the student nurses who have been studying with you. Indicate *your personal evaluation of how successful each student nurse* has been during the past week. For each person, whose name you have listed on the left side of the sheet, place an "X" in the appropriate squares to indicate the quality of her performance with respect to each of the areas listed below.

IN THE CLASSROOM

Name of Student Nurse *(Please print last name first)*	Attitude Toward Others						Interest and Initiative						Competence in Subject					
	Excellent	Good	Fair	Poor	Failure	No Opportunity to Observe	Excellent	Good	Fair	Poor	Failure	No Opportunity to Observe	Excellent	Good	Fair	Poor	Failure	No Opportunity to Observe

APPENDIX VII

BULLOCK JOB SATISFACTION SCALE

IS IT A GOOD JOB?

The following statements show some of the ways people feel about the work they do. In each item, please put a check mark in front of the statement which most accurately and honestly tells how you feel about your job.

1. Place a check mark in front of the statement which best tells how good a job you have.

.....A. The job is an excellent one, very much above the average.
.....B. The job is a fairly good one.
.....C. The job is only average.
.....D. The job is not as good as average in this kind of work.
.....E. The job is a very poor one, very much below the average in this kind of work.

2. Place a check mark in front of the statement which best describes your feelings about your job.

.....A. I am very happy and satisfied on this job.
.....B. I am fairly well satisfied on this job.
.....C. I am neither satisfied nor dissatisfied—it is just an average job.
.....D. I am a little dissatisfied on this job.
.....E. I am very dissatisfied and unhappy on this job.

3. Check one of the following which best describes any general conditions which affect your work or comfort on this job.

.....A. General working conditions are very bad.
.....B. General working conditions are poor—not so good as the average for this kind of job.
.....C. General working conditions are about average—neither good nor bad.
.....D. In general, working conditions are good—better than average.
.....E. General working conditions are very good—much better than the average for this kind of job.

4. Place a check mark in front of the statement which best tells how good an organization it is to work for.

.....A. It is an excellent organization to work for—one of the best organizations I know of.
.....B. It is a good organization to work for but not one of the best.
.....C. It is only an average organization to work for. Many others are just as good.
.....D. It is below average as an organization to work for. Many others are better.
.....E. It is probably one of the poorest organizations to work for I know of.

5. Place a check mark in front of the statement which best tells how your feelings compare with those of other people you know.

.....A. I dislike my job *much more* than most people dislike theirs.
.....B. I dislike my job *more* than most people dislike theirs.

.....C. I like my job about as well as most people like theirs.
D. I like my job *better* than most people like theirs.
.....E. I like my job *much better* than most people like theirs.

6. Place a check mark in front of the statement which best tells how you feel about the work you do on your job.
.....A. The work I do is very unpleasant. I dislike it.
.....B. The work I do is not pleasant.
.....C. The work is "just about average." I don't have any particular feeling about whether it is pleasant or not.
.....D. The work is pleasant and enjoyable.
.....E. The work is very enjoyable. I very much like to do the work called for on this job.

7. Check one of the following statements to show *how much of the time* you are satisfied with your job.
.....A. Most of the time.
.....B. A good deal of the time.
.....C. About half of the time.
.....D. Occasionally.
.....E. Seldom.

8. Check one of the following statements which best tells how you feel about changing *your job.*
.....A. I would quit this job if I had anything else to do.
.....B. I would take almost any other job in which I could earn as much as I am earning here.
.....C. This job is as good as the average and I would just as soon have it as any other for the same money.
.....D. I am not eager to change jobs but would do so if I could make more money.
.....E. I do not want to change jobs even for more money because this is a good one.

9. Suppose you had a very good friend who is looking for a job in your line of work and you know of a vacancy in this organization which your friend is well qualified for. Would you:
.....A. Recommend this job as a good one to apply for.
.....B. Recommend this job but caution your friend about its shortcomings.
.....C. Tell your friend about the vacancy but not anything else, then let her decide whether to apply or not.
.....D. Tell your friend about the vacancy but suggest that she look for other vacancies elsewhere before applying.
.....E. Try to discourage your friend from applying by telling the bad things about the job.

10. On the line below, place a check mark to show how well satisfied you are with this job. You may place your check mark anywhere on the line either above one of the statements or between them.

Completely dissatisfied	More dissatisfied than satisfied	About half and half	More satisfied than not	Completely satisfied

APPENDIX VIII

BULLOCK JOB SATISFACTON SCALE

(Modified for Nursing Students to Measure Satisfaction with Educational Experience)

Your Name..... School of Nursing.....

HOW SATISFYING IS MY EDUCATIONAL EXPERIENCE?

The following statements show some of the ways people feel about their educational experience. In each item, please put a check mark in front of the statement which most accurately and honestly tells how you feel about your educational experience.

1. Place a check mark in front of the statement which best tells how good an education you are receiving.

.....A. It is an excellent one, very much above the average.
.....B. It is a fairly good one.
.....C. It is only average.
.....D. It is not as good as the average for this kind of education.
.....E. It is a very poor one, very much below the average for this kind of education.

2. Place a check mark in front of the statement which best describes your feelings about your education.

.....A. I am very happy and satisfied with the education I am receiving.
.....B. I am fairly well satisfied with my education.
.....C. I am neither satisfied nor dissatisfied—it is just an average education.
.....D. I am a little dissatisfied with the education I am receiving.
.....E. I am very dissatisfied and unhappy with my education.

3. Check one of the following which best describes any general conditions which affect your work or study in your educational experience.

.....A. General working and studying conditions are very bad.
.....B. General working and studying conditions are poor—not as good as the average in nursing education.
.....C. General working and studying conditions are about average—neither good nor bad.
.....D. In general, working and studying conditions are good—better than average.
.....E. General working and studying conditions are very good—much better than the average in nursing education.

4. Place a check mark in front of the statement which best tells how good an organization your school of nursing is.

.....A. It is an excellent organization—one of the best schools of nursing that I know of.
.....B. It is a good organization but not one of the best.
.....C. It is only an average organization. Many other schools of nursing are just as good.
.....D. It is below average as a school of nursing. Many others are better.

.....E. It is probably one of the poorest schools of nursing that I know of.

5. Place a check mark in front of the statement which best tells how your feelings compare with those of other people you know.

.....A. I dislike my educational experience *much more* than most people dislike theirs.
.....B. I dislike my educational experience *more* than most people dislike theirs.
.....C. I like my educational experience about as well as most people like theirs.
.....D. I like my educational experience *better* than most people like theirs.
.....E. I like my educational experience *much better* than most people like theirs.

6. Place a check mark in front of the statement which best tells how you feel about the work you do in connection with your education.

.....A. The work I do is very unpleasant. I dislike it.
.....B. The work I do is not pleasant.
.....C. The work is "just about average." I don't have any particular feeling about whether it is pleasant or not.
.....D. The work is pleasant and enjoyable.
.....E. The work is very enjoyable. I very much like to do the work called for in connection with my education.

7. Check one of the following statements to show *how much of the time* you are satisfied with your educational experience.

.....A. Most of the time.
.....B. A good deal of the time.
.....C. About half of the time.
.....D. Occasionally.
.....E. Seldom.

8. Check one of the following statements which best tells how you feel about *changing your educational activity*.

.....A. I would drop out of this school of nursing at once if I had anything else to do.
.....B. I would drop out of this school of nursing if I were sure I could find something else to do that is more satisfying.
.....C. My experiences here are as satisfying as the average and I would just as soon be here as in any other school.
.....D. I am not eager to change to any other school or educational program.
.....E. I do not want to change my educational activity for any reason because mine is excellent.

9. Suppose you had a very good friend who has interests very similar to your own interests. Would you:

.....A. Recommend this school of nursing as a good one to attend.
.....B. Recommend this school of nursing but caution your friend about its shortcomings.

.....C. Tell your friend a little about the school but not anything else, then let her decide whether to apply or not.

.....D. Tell your friend about the school but suggest that she investigate other schools before applying.

.....E. Try to discourage your friend from applying by telling the bad things about the school.

10. On the line below, place a check mark to show how well you are satisfied with your educational experiences. You may place your check mark anywhere *on the line* either above one of the statements or between them.

Completely dissatisfied	More dissatisfied than satisfied	About half and half	More satisfied than not	Completely satisfied

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